

Barriers & Enabling Factors towards Utilization of Polio Vaccination

An Exploratory Qualitative Study from Rural Khyber Pakhtunkhwa

District Bannu



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By

Mansoor Ahmed

Department of Anthropology

Quaid-i-Azam University,

Islamabad

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Quaid-i-Azam University, Islamabad

(Department of Anthropology)

Final Approval of Thesis

This is to certify that we have read the thesis submitted by Mr. Mansoor Ahmed. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of M.Sc. in Anthropology.

Committee:

1. Dr. Aneela Sultana
Supervisor



2. Dr. Hafeez ur Rehman
External Examiner



3. Dr. Aneela Sultana
In-charge
Department of Anthropology



Formal Declaration

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Abstract

The aim of this study is to identify the obstacles to vaccination and immunization. It also tries to comprehend community attitudes toward life-saving vaccinations such as those for polio, measles, tetanus, and more recently corona people has some negative perception about vaccination. The research focuses on community-level obstacles to vaccinations that could save lives. At the second part give a way out and a road map how to counter such obstacles. The research tries to document the opinion and recommendation of the community members to improve condition for vaccination an immunization.

It is basically a qualitative, anthropological research. Qualitative research methodology is used in this research. A cluster of tools of qualitative and anthropological methods such as focus group discussion, participant observation, interviews and case studies are used in the study. Participant observation is carried out for gaining more in-depth understanding about the research topic. Purposive and snow ball sampling technique was used for data collection. Lady health workers, doctors, health technicians, and those family who are reluctant to vaccinate their children were included in the study. Religious scholars and other influential members of the community were included in the study. 38 interviews, and 6 focus group discussions were conducted for the research. The research is conducted in in district Bannu, Khyber Pakhtunkhwa.

Pakistan is a member of the United Nations and a signatory to the United Nations Convention on the Elimination of Poliomyelitis and Other Associated disease. Because of misconceptions and a variety of obstacles and factors, people in Pakistan believe that immunizations and vaccines are harmful to their children. Even though Pakistan's government is doing everything possible to eliminate polio and other diseases from the country's population, new cases continue to emerge.

The most people are resisted due to the unawareness, lack of education, misconception and myths about vaccines, informal negative propagation by Molvies, associating vaccines with global Jews agenda against Muslims, females“ restricted mobility, and families decision making with the oldest person who was not formally educated. Strong believe in fatalism was found to be strengthened with rare vaccine-associated incidences.

Table of Contents

Formal Declaration.....	
Acknowledgment	
Abstract.....	i
Table of Contents.....	iii
1. Introduction	1
1.1. Operational Definitions of Key Terms.....	3
1.1.1. Vaccination.....	3
1.1.2. Immunization	3
1.1.3. Barriers.....	4
1.1.4. Enabling Factors	5
1.1.5. Health System	5
1.2. Ethical consideration.....	6
1.3. Study Area.....	6
1.4. Research Questions	7
1.5. Objectives.....	7
1.6. Scope of the study	7
2. Review of the Literature	9
2.1. Health.....	9
2.2. Diseases.....	10
2.3. People’s Attitudes about Immunization	10
2.4. Health System Level Barriers	13
2.4.1. Perceptions and Behaviors Related to Health Seeking	15
2.5. Immunization-Related Factors.....	16
3. Area Profile	19
3.1. Geography of the Research Locale	20
3.2. Demography.....	21
3.3. Major Industry	21
3.4. Health Infrastructure	21

3.5.	History.....	22
3.5.1.	Bannu Resolution.....	22
3.5.2.	Famous Places.....	23
3.5.3.	Ethnic Groups.....	23
3.5.4.	Marriages & Social Stratification.....	24
3.5.5.	Dress Pattern.....	25
3.5.6.	Festivals.....	25
3.5.7.	Music.....	26
3.5.8.	Gun Culture (tepakzan).....	26
4.	Research Methodology.....	28
4.1.	Ethnography.....	28
4.2.	Report building.....	28
4.3.	Multi Cited Ethnography.....	29
4.4.	Entering into the Field.....	29
4.5.	Translation and Pre-Testing of Data Collection Tools.....	30
4.6.	Data Management.....	30
4.7.	Data Analysis.....	30
4.8.	Sampling Method.....	31
4.8.1.	Sample Size.....	31
4.8.2.	Inclusion Criteria.....	32
4.9.	Data collection.....	32
4.9.1.	In depth Interviews.....	32
4.10.	Key informants.....	33
4.11.	Focus Group Discussion.....	35
4.12.	Participant Observation.....	35
4.13.	Field Notes.....	36
4.14.	Case Study.....	36
4.15.	Ethical Considerations.....	37
4.15.1.	Informed consent.....	37
4.15.2.	Confidentiality.....	37
5.	BARRIERS TOWARDS UTILIZATION OF IMMUNIZATION.....	38
5.1.	Knowledge and perception.....	38

5.2.	Unawareness.....	43
5.3.	Traditional Healing & Curing Method	45
5.4.	Refusals by Elder Parents.....	46
5.5.	Religious Misconception	47
5.6.	Mistrust on Health Care Providers.....	49
5.7.	Fear of Disability	52
5.8.	Suffering after a shot	54
5.9.	Gender dynamics	55
5.10.	Political Demands.....	56
5.11.	Male Vaccinator	57
5.12.	Female Mobility	58
5.13.	Case studies.....	59
6.	Enabling Factors towards Immunization and Vaccination.....	61
6.1.	Awareness of the Importance of Vaccination and Motivation to Vaccinate.....	61
6.1.1.	Village level Health Education Session.....	62
6.1.2.	Maternal/Family Education	63
6.1.3.	Family Members with Vaccine Complaints.....	65
6.1.4.	Family's Personal Experiences	65
6.1.5.	Role of Media	66
6.1.6.	Traditional Medicines & Their Limited Use.....	68
6.1.7.	Proactive Role of Government.....	69
6.1.8.	Availability of Door to Door Vaccination.....	71
6.2.	Recommendations to Improve the Vaccination Process	73
6.2.1.	Informative Public Session on Vaccines.....	73
6.2.2.	Doctors Visit on Routine Bases	75
6.2.3.	Prescription of Medicine to Treat Post-Vaccination Fever	76
6.2.4.	Stipend to Children's Parents for Getting Vaccinate	77
6.2.5.	Female Vaccinators.....	78
7.	Summary and Conclusion	80
8.	Bibliography	82

1. Introduction

The primary goal of this research is to identify and investigate the obstacles and enablers to vaccine use, with a focus on polio vaccination. As per the Extended Program for Immunization (EPI) plan for children under the age of five. The study will try to find out the said factors at community and health system level.

Polio (also known as poliomyelitis) is a highly infectious disease caused by a polio virus that attacks the nervous system. It is a human enter virus and belongs to the family of *Picornaviridae*. Poliovirus is usually spread from person to another through the fecal oral route or less often by a common channel that is polluted food or water. One in 200 infections results in irreversible paralysis very often in the legs. Since 1988, Global Polio Eradication Initiative (GPEI) has reduced polio worldwide by 99% but Afghanistan, Pakistan and Nigeria still have frequent outbreaks of wild polio virus (WPV).(WHO, 2018)

In 2013, polio affected people are down to 416 from 350,000 cases in 1988. Polio can only be prevented and there is no cure for this disease. Polio vaccine can protect a child for whole life, if given multiple times.⁴ In 2012, the World Health Assembly (WHA) called for a comprehensive polio end game strategy for the completion of the polio eradication. According to WHO vaccination is the best strategy to combat polio and other life threatening diseases among children. World Health Organization defines vaccination as: is the process whereby a person is made immune or resistant to an infectious disease. Vaccines stimulate the body's own immune system to protect the person from many infectious diseases.(UNICEF, 2010)

In Pakistan the Expanded Program on vaccination was launched in Pakistan in 1978 to protect children by immunizing them, against life-threatening childhood diseases such as tetanus, measles, and specially polio. Immunizing children with these vaccines may avert up to 17% of childhood mortality in Pakistan and thus help contribute towards achieving Sustainable Development Goal (SDG) on reducing child morbidity and mortality.(UNICEF, Pakistan Polio Eradication campaign, 2019)

The different immunization program has made their contribution significantly in decreasing ill-hood and mortality through the vaccination and immunization.(WHO, Expanded Programme on Immunization, 2018)

After significant work by governmental and non-governmental institutions on immunization; Pakistan's immunization indicators cannot chase the dreamed goal (to eradicate polio and other life-threatening diseases in Pakistan), but unfortunately, they just made success in Punjab province and could not show their victory on other provinces in eradication of polio and other fatal diseases. Although multiple agencies and programs in Pakistan have been targeted to optimize the immunization rates yet still there is a dire need to improve the situation. There are numerous barriers exists at policy, health system and community level those had potentially obstructed to achieve the desired results.(WHO, Expanded Programme on Immunization, 2018).

1.1. Operational Definitions of Key Terms

The following key terms are operationally defined based on their usage in the research study.

1.1.1. Vaccination

Vaccination is a method of generating immunity to pathogens such as viruses and bacteria by introducing live, destroyed, or altered antigens into the body, which stimulate the production of antibodies against more harmful types. The vaccination has eradicated smallpox worldwide and prevents disease such as cholera, rabies, and destroy foreign proteins (antigens) that it determines are “oneself”.

Vaccines aid in the development of immunity in infants, which aids in the fight against infectious and life-threatening diseases. Life-threatening diseases and viruses can easily infect a child with a low immunity. As a result, the child who has been vaccinated will be safe from a variety of infectious diseases. Vaccines protect children from a wide range of illnesses, both internally and externally. (Walter A. Orenstein, 2017)

1.1.2. Immunization

Immunization is the method of making a person immune or resistant to an infectious disease; usually by the use of a vaccine. Immunization is the method of making a person immune or resistant to an infectious disease, usually by the use of a vaccine. Vaccines work by stimulating the body's own immune system to protect the individual from infection or disease in the future. It

is one of the most cost-effective health treatments, with validated methods that make it available to even the most disadvantaged and hard-to-reach people.

Immunization is an essential part of a child's survival strategy. It has clearly identified target audiences, can be efficiently delivered through outreach programs, and requires no significant lifestyle changes. The World Health Organization (WHO) has defined immunization as the process whereby a person is made immune or resistant to an infectious disease, typically by administration of a vaccine. Immunization therefore depicts the ability to develop immunity. (Abusaleh Shariff, 2018)

As immunization is the component of the child survival strategies. In immunization children are being immunized through EPI scheduled vaccination and drops, which stimulate the child's own body to protect itself. Immunization is a low-cost health measure that is available to even the most remote populations.

1.1.3. Barriers

Barriers to immunization are issues that have the potential or importance to influence program decisions. In a way that makes it more difficult for the EPI or other private and public plans/programs; to promote and protect a population from diseases that are lethal or life-threatening. Lack of knowledge, community awareness, fewer exposure to mass media and health education, religious mentality, and other obstacles to immunization are all considered barriers to immunization.

Along with these obstacles, there are many others in Pakistan, where politicians and religious leaders believe that vaccines are more dangerous and ineffective for their children. These

programs are intended to destroy both female and male reproductive systems. These programs are intended to destroy both female and male reproductive systems. Because of these problems, full immunization programs are difficult to introduce in Pakistan.(WHO, Expanded Programme on Immunization, 2019)

1.1.4. Enabling Factors

The factors that encourage or assist a family to have their children vaccinated. The encouraging factors, such as community awareness, access to health services, and being approached by health teams, are motivating factors for the community to immunize their children under the age of five. These factors differ from one location to the next and from one individual to the next. In Pakistan, the government, nongovernmental organizations, maternal education, media attention, political encouragement, and the prospect of something in exchange for their demands are all main enabling factors.

1.1.5. Health System

All practices with the primary goal of promoting, restoring, or maintaining health. The health system included health staff, physicians, health infrastructure, machines, and medications, among other things. The health system, also known as the health care system, is the collection of individuals, organizations, and human and material resources that provide health care and meet the needs of people and the target population. Health system preparation is spread among market participants in some countries.

On a global scale, the United Nations oversees the health system through UNICEF and other organizations such as WHO, which provide facilities and implement various plans aimed at improving the global health system. With the support of the government and other stakeholders, these international organizations devised strategies to improve health services and offer free health care to developing countries.

1.2. Ethical consideration

In social science, there are several ethical considerations, and upholding these considerations is a critical step in the research process. The first ethical principle is to protect respondents' privacy. All of the interviews will take place at the home or workplace of each participant. Only the research student and supervisor will have access to the hard copies of the study-related forms, which will be held in a locked cabinet. After the study is finished, all identifier data will be removed and only study IDs will be used for analysis.

After the review is completed, all identifier information will be lost. Apart from that, it is the researcher's responsibility to keep the names of respondents confidential, and the collected data is only used for educational purposes. The respondents only provide information on the basis of their data's confidentiality. Finally, it is the researcher's duty to not share respondent information with others. Many researchers have discovered that anything is illegal, but they do not intervene.

1.3. Study Area

The research will be conducted in district Bannu, Khyber Pakhtunkhwa, Pakistan. It is located in the southern region of Khyber Pakhtunkhwa. It borders North Waziristan to the northwest, Karak

to the northeast, Lakki Marwat the southeast and South Waziristan to the southwest. Bannu district is divided into 5 tahsils and 49 union councils. The health infrastructure comprises three levels: basic health units (BHUs), rural health centers (RHCs) and a referral hospital (THQs & DHQ). There is a BHU or RHC available in every union council of study area

In terms of demographic features, geographical, socio-cultural, and religious similarities, as well as health facilities and indicators, the district as a whole is homogeneous: the study will be conducted in only one union council (namely Asparka Taraf 1) of district Bannu.

1.4. Research Questions

1. What are the families/community perception and barriers toward vaccination?
2. What are the enabling factors toward use of immunization at community level?

1.5. Objectives

1. To explore the community/families' perception regarding vaccines/immunization
2. To know the barriers and enables towards use of immunization at community level
3. To seek the recommendation from families to improve the immunization system

1.6. Scope of the study

Every research has its own set of goals and objectives. On the academic front, the study's findings provided shards of evidence about community-level obstacles and facilitators to vaccine use. The current study would not only fulfill the requirement of master's degree in Anthropology. However, in the KPK, the principles, variables, and dynamics of medical anthropology, as well as its role in improving human health outcomes at a large scale, were thoroughly examined. Secondly, this research identifies possible research opportunities in the same or similar fields.

Furthermore, the thesis investigates the same phenomenon in a more scientific manner using advanced medical anthropology frames.

Another feature of this study is that it is being performed in the small village of Asperka in the district of Bannu, where no previous anthropological research has been conducted. As a result, the current study is the first Anthropological investigation into immunization barriers and causes. That is why people are hesitant to use vaccines and immunizations for their children, as well as alternative methods.

Furthermore, the reader can gain a better understanding of local people's attitudes about vaccination and immunization at the community level as a result of this research. However, the data and knowledge collected regarding geography, religion, economic system, and socio-cultural history have been taken into account, which may assist governmental and non-governmental organizations in developing culturally relevant strategies to improve vaccine use.

2. Review of the Literature

Vaccination or immunization is widely accepted as a cost-effective public health intervention for reducing infant mortality and morbidity in children under the age of five. Supply-side measures, such as maintaining a continuous supply of potent vaccinations, immunization means and procedures, a strong health infrastructure to ensure the distribution of these vaccines, and adequate health professionals to manage vaccine initiatives and programs, are among the techniques that increase vaccination uptake.(Muhammad Atif Habib, February, 2017)

On the other side, of demand, components which focus on individual and household determinants of health seeking behaviors, such as building the knowledge base of individuals to utilize vaccination programs to their advantage. Addressing vaccine hesitancy linked to parental knowledge, understanding, attitudes, beliefs, and behaviors is an important example of a demand side component. Many illiterate parents are even not ready for immunization and vaccination due to the socio, cultural and religious factors.(Ayub, April,2017)

2.1. Health

Health has been a culturally developed term that differs from society to society. The well-being of humanity in society is most likely linked to health. Only a person who is physically, mentally, and socially prosperous can be considered well, according to the World Health Organization (WHO).Humans have been obsessed with the idea of well-being and fitness for a long time. According to medical anthropologists, health is described as a feeling of well-being rather than the absence of physical disease in many cultures. In cultural anthropology, on the other hand,

health is described as the ability of a person's mind to adapt to socio-cultural settings. So, the health is not the fitness of physical but also the mental fitness of a person. (Aderson, Jan.1, 2003)

2.2. Diseases

Anthropology is more concerned with the socio-cultural aspects of a disease than with its biochemical life when it comes to understanding disease and illness. Medical anthropology is concerned with answering questions about death, where illness is seen as a kind of punishment in many impoverished areas.

In affect cultures, disease is viewed as an unruly event that may have an effect on the individual suffering from the disease's life and social identity. People in developing or less developed countries do not even treat diseases, allowing natural things and natural precautionary measures to cure diseases. (Valligarda, November 2017)

2.3. People's Attitudes about Immunization

The anti-vaccine or anti-immunization movement, as well as vaccine indecision and delay, foster a mentality that puts not only an un-vaccinated person's health at risk, but also the health of those around them. Measles, whooping cough, and chickenpox epidemics have all been linked to such attitudes, resulting in needless misery and increased government spending. Misinformation, inaccurate/insufficient knowledge, misconceptions, pseudoscientific information, time related to adverse effects, lack of recollection about the seriousness of past epidemics, lack of credibility in vaccine manufacturers and/or health authorities, and social and philosophical philosophies may all be blamed for such attitudes. The vaccine and immunization probation has a negative impact on the vaccination process. This has an effect on the enforcement of vaccination rules and

regulations. Many cases of polio have been identified in Pakistan as a result of these and other causes.(Zaidi, August,10-12,1986)

Anti-vaccine rumors and parental apprehension are the key reasons for parents' refusal to vaccinate their children. Miscommunication has a negative impact on people's vaccination decision-making behavior. Misinformation and misleading speeches are being used to exploit people against the international immunization program for personal gain. Later on, this creates a barrier to immunization use.

This not only has an effect on the individual's welfare, but it also puts other people's lives in jeopardy. In relation to vaccinations, there are many misconceptions, ignorance, and inadequacy of knowledge among parents of children. Parental experience is a vital factor in improving immunization coverage. The level of education and experience of the mother are directly linked to the coverage of the immunization procedure. Less awareness among mothers contributes to negative attitudes and anxiety, which has an effect on their children's immunization status.(Mahmood, Winter, 2002)

The ability to understand immunization is a significant factor in vaccine use. The trained mother is aware of the benefits and drawbacks of vaccines. In certain instances, an informed mother is motivated to make decisions at the household level, leading to a positive outcome. Positive attitudes toward immunization, especially among mothers, encourage parents to vaccinate their children. The general public is unaware of the true intent and benefits of vaccination. Because of miscommunication and the power of religion, as well as illiteracy levels, they conclude that drops and vaccinations are harmful to their children's health.(Hafeez, Spring, 2014)

Many vaccine miscommunications have occurred, especially in developing countries such as Pakistan. Concerns over side effects were the most frequently reported deterrent to vaccination in a study of 13,000 parents of children aged 8 to 35 months. Some parents doubt vaccine protection, believing that their children are more likely to contract infectious diseases if they are vaccinated, and even believing that vaccines cause ADD/ADHD and/or autism. Some parents fear that vaccines can weaken their child's immune system and lead to diseases like asthma or multiple sclerosis.(Khan, August, 2013)

Infants and young children, according to some parents, should not be vaccinated because their bodies are still immature and delicate. These parents are frequently worried about the amount of shots given each session, injection pain, vaccine ingredients, and side effects. Some parents make the deliberate decision not to vaccinate their children, to postpone vaccination, or to use alternative immunization schedules. As a result of the lack of herd immunity, many infectious diseases have resurfaced, putting many populations at risk. Many parents believe that the vaccine is harmful, especially to girls and women, as it reduces their fertility.(Stanton, September, 2004)

Parents are afraid to vaccinate their children and females because of misconceptions and a lack of knowledge about vaccination. Parents are more concerned about the risk factor, assuming that repeated vaccine injections will weaken a child and lead to chronic disease and impairment in children under the age of five. As a result, many parents choose to postpone vaccinations, resulting in the spread of deadly diseases. Despite the fact that some parents believe immunization is necessary, they have reservations about repeated vaccination. In terms of the mother's awareness of the disease targeted by the vaccine program, the majority of data indicated that women are aware of the EPI target diseases.(Weiss, June, 2009)

In the local language, diseases are clarified. Young mothers are often the ones who are unaware of the full extent of these illnesses. However, it became clear that most people were aware of the common diseases from which immunization could protect children. Despite the fact that most of the women were familiar with the EPI target disease, several informants indicated that mothers are unfamiliar with the EPI program itself, including the vaccine schedule and various appointments.(Akram, May. 1, 2020)

Similarly, the study found that while women are aware of the EPI-targeted diseases by their local names, they are unaware of the EPI program itself. They, on the other hand, are conversant in the local language. Though the disease is less well-known among young women and mothers. They are clear; however, that immunization will protect and prevent children from common diseases.

2.4. Health System Level Barriers

The health problem will not be investigated unless and until it is contextualized according to the locals and their community, in terms of what they are doing and what they want to do to better their health and other relevant issues. Adam defines the health system and the level of obstacles as follows: "If you want to help a society strengthen its health system, you must learn to think like the people in that community". Before asking a group of people to adopt new health behaviors, it's a good idea to figure out what habits they already have, how they're related to one another, what purpose they serve, and what they mean to the people who practice them.(Shin, June 1, 2011)

Perceptions of health behavior are a major challenge for public health researchers and staff, particularly when the people or audience being studied come from diverse socio-cultural,

economic, and ethnic backgrounds. The researcher will study healthy behavior within the context of their social and spiritual environment, using an anthropological methodology to avoid ethnocentrism in health promotion, which would explain people's beliefs about cures, preventions, and health behavior, as well as quickly recognize people's perceptions of health and behavior. Various studies have demonstrated how religious and moral values affected people's perceptions of health seeking activity in any society.(Zafar, March 28, 2008)

Although many traditional societies interpret health holistically, this is a relatively new development in western medicine. The emphasis on harmonizing with nature by conventional healers is one of the main differences between western health practitioners and traditional healers. Traditional healers, as a result of this powerful trans-cultural viewpoint, go beyond simply treating the illness. First and foremost, they interact with their spiritual self, both collectively and individually. The best healers guide their patients toward their own recovery. A trained doctor, on the other hand, may be able to identify tribal causes of disease and recommend suitable treatments.(REnne, 2017)

Traditional healers are typically regarded as stewards of cultures and social ideals, with access to a wide segment of the population. Folk healers are well-liked by the locals and have a stronghold on small-scale communities. Folk healers' collaboration may be useful in persuading people to use vaccines. Later on, this would aid in the eradication of diseases that are life threatening. Thus, mistrust may be avoided with the aid and cooperation of folk healers and religious leaders. Traditional healers must receive additional medical education in order to successfully collaborate with modern medical physicians.(Khan A. , July23, 2011).

2.4.1. Perceptions and Behaviors Related to Health Seeking

The key source of spiritual intent in health care should be known as religious values and cultural traditions. Culture defines what is natural and abnormal in society, and health seeking habits differ from society to society. For example, nefarious studies of cultural psychiatry reveal that people in societies prefer traditional healing and religious practices to deal with illnesses, while modern medicine is ignored.(Ellen L. Idler, Mar.,1997)

Many traditional societies are still using the old method of curing disease by religious means such as reciting Qur'anic scriptures. When taking a history and discussing it with colleagues, the General Medical Council (GMC) emphasizes the importance of considering moral, social, and cultural influences. The sensitivity of belief and culture should be addressed in healthcare staff-patient contact, and personal religion and cultural commitments should be respected.(WHO, How to talk about mental health, Jan.,1,2019)

Human health-seeking conduct is also heavily affected by religious values and cultural expectations and beliefs in emerging Pakistani societies. Vaccination for polio eradication, in particular, has been a hot topic in Pakistan for decades. The government is doing all it can through a range of programs to improve access and educates the public about the country's rising vaccination rates.

However, the state continues to face significant obstacles. Because of their religious convictions, customs, and cultural values, a significant portion of the population is denying and rejecting vaccination. According to studies, a lack of vaccine education and knowledge has contributed to

negative attitudes among traditional people, especially the tribal people, and has created an impediment to vaccination use.(Paul D. Cleary, Spring 1988)

To understand the people's socio-cultural and ethical dimension about health goals, policymakers should use cultural and religious relevant approaches. Those communities where religion has a greater impact on people believe that vaccinations and immunizations have ruined their minds, and that vaccines are a foreign plot to kill their children's minds.

2.5. Immunization-Related Factors

Other socio-cultural factors include the fact that women give birth, and that in certain ethnic groups and religions, the child should remain at home until the name-giving ceremony. During an interview, respondents cited mobility, business trips, and questions about vaccine protection as some of the key reasons why children had postponed or skipped vaccinations. In this case, some children may have missed or been delayed in receiving their first vaccines.(Roberts, August 3, 2012)

Furthermore, in the Hindu ethnicity of the lower classes, the new born baby is not shown to anyone until he or she has been assigned a name and has been 40 days old, well ahead of this cause of delayed or missing vaccination. Mobile communities, likewise, do not build permanent homes and are constantly on the move, so their children remain unvaccinated as a result of their regular movement from villages to villages and farms, among other things. Both of these factors contribute to the vaccination process being hampered in the majority of rural areas.

Many parents are experiencing financial difficulty as a result of job loss, divorce, foreclosure, or other financial hardship, which is why they are unable to obtain vaccinations on time. Similarly,

lack of access to the health-care system due to socioeconomic and other factors is a significant contributor to vaccine noncompliance. Some parents are single, overwhelmed, overworked, and unable to keep up with vaccinations and well-child visits for their baby. Some parents are unaware that if they lose their employment and health benefits, they will be eligible for Medicaid to continue receiving health care. Families in rural areas may also have insufficient access to health care due to a lack of transportation or inconvenient clinic hours.(Shah, April 2015)

Other issues that obstruct vaccine access include childcare for children that have not been vaccinated, a lack of awareness, and difficulties scheduling an appointment with a doctor or paramedical staff. Language gaps and a lack of awareness about immunization, on the other hand, lead to the slowing of the immunization method. Parents may be unaware of the possibility of vaccine-preventable illness, despite the fact that successful and safe vaccines are available.(Nida Tariq Siddiqui, January 2014)

People from low-income families cannot afford to go to health facilities that are far away from their homes. Their socioeconomic situation forces them to disregard immunization, and even though they do make it to a health facility, they are not well received. Interference in the vaccination process is caused by a shortage of efficient transportation and inconvenient clinic scheduling.(Masud, Apr. 1,2012)

Similarly, community understanding is more critical for vaccine and immunization process acceptance. Another study found that a child's vaccination status is influenced not just by the mother's education level, but also by the education level of women in the group. Awareness of health at the community level will help to solve immunization obstacles and increase vaccine coverage.

In the regression analysis for polio and measles vaccinations, the household's wealth status is moderately important. When compared to their counterparts in the poorest families, children from the richest and wealthiest quintile had a higher chance of being vaccinated against polio and measles. The results also show fascinating location and geographical variations, with 58 percent of children in urban areas receiving complete immunization compared to 53 percent in rural areas.(Verma, February 13, 2018)

Differences of religious affiliation exist as well. And compared to their Catholic counterparts, children from Muslim families had a 3% lower chance of receiving the three DPT doses. Children from 'Other' sects had a higher chance of becoming vaccinated against polio. Similarly, as compared to children from low-income households, children from wealthy families are more likely to be vaccinated. Since awareness and education are critical components for gender equality and empowerment. Since educated families understand the perceived benefits of immunization, they are able to vaccinate their children without prejudice or resistance. Because of theological misconceptions and cultural myths, vaccination is less likely in uneducated households.(Zubair, November 1, 2014)

3. Area Profile

The research is conducted in district Bannu, Khyber Pakhtunkhwa, Pakistan. It is located in the southern region of Khyber Pakhtunkhwa. It borders North Waziristan to the northwest, Karak to the northeast, Lakki Marwat to the southeast and South Khyber Pakhtunkhwa, formerly known as the North-West Frontier Province, lies in the north of Pakistan, with Afghanistan to its west, Punjab and Kashmir to its east, and Baluchistan to its south. The province is bound to its north and west by the Hindu Kush Mountains and in the south by the Sulaiman range.

The Indus River runs through the province on the east, separating it from the rest of the subcontinent in terms of geography and culture. The valleys of the province are made fertile subsidiary channels of the Kabul River which brings waters from the mountains of Afghanistan. Main crops are maize, millet, wheat, sugar cane, cotton, and tobacco. The climate is dry and continental, with bitterly cold winters and hot summers. It is one of the four provinces of Pakistan and is the third-largest province of Pakistan in terms of both population and economy, though it is geographically the smallest of the four provinces. It is home to 17.9% of Pakistan's total population, with the majority of the province's inhabitants being ethnic Pashtuns and Hindko speakers. (Wikipedia.com)

3.1. Geography of the Research Locale

To the southwest is Waziristan. The district of Bannu is split into five tahsils and 49 union councils.



Source: researchgate.net

3.2. Demography

The district has a population of 675,667, according to 1998 consensus, spread over an area of 1,227 square kilometers (474 sq mi). According to 2017 consensus, the population of Bannu district is 1,167,892. The major first language is Pashto (BanuchiDialect), accounting for 60% of the population while the remaining people speak waziri dialect. The main tribes are the Bannuchii, Wazir, Yusufzaii , Bettani, Mehsud, Daawar, Maarwat, Khattak, Baangash, Arai n and Sulaimankhel who speak the local Pashto dialects Bannuchi and Waaziri. (Culture)s

3.3. Major Industry

Cloth weaving, sugar mills, and the manufacture of cotton fabrics, machinery, and equipment are among Bannu's major industries. The weekly Jumma fair is well-known. The Kurram and Gambila (or Tochi) rivers, which originate in Waziristan's hills, flow through the district, forming a basin. Despite the fact that Bannu is surrounded by rugged and dry mountains, it is a fertile area, and early English visitors referred to it as "paradise."

3.4. Health Infrastructure

Basic health units (BHUs), rural health centers (RHCs), and a referral hospital makes up the health system (THQs & DHQ).In every union council of study area, there is a BHU or RHC.

3.5. History

Herbert Benjamin Edwards, a lieutenant in the East India Company's private army's 1st Bengal European Fusiliers Regiment, created the town in 1848. At the same time; he ordered the building of the fort, which was called Dhulipgarh (Dalipgarh) in honor of the Maharajah of Lahore. Dhulipnagar was the name of the town when it was founded (Dalipnagar). In 1869; the name was changed to Edwardesabad. It was given its current name, Bannu, in 1903.

The British Empire's troops used Bannu as a base of operations for all punitive expeditions to the Tochi Valley and the Waziristan border. From the town of Bannu, a military road led to Dera Ismail Khan. This road was constructed by military engineers under the supervision of Ram N. Mullick, a Bannu engineer. Mullick graduated from Banaras Engineering College and worked as a heavy earth-moving machinery specialist in Iraq and Lahore before Pakistan's independence in 1947. (Wikipedia.com)

3.5.1. Bannu Resolution

In June 1947, Mirzal I Khan (Faqir of Ipi), Bacha Khan, and other Khudai Khidmatgars issued the Bannu Resolution, which demanded that the Pashtuns be given the option of forming an independent state of Pashtunistan, which would include all Pashtun majority territories in British India, rather than being forced to join the new state of Pakistan. The British Raj, on the other hand, refused to comply with this resolution's demand because their departure from the area forced regions under their jurisdiction to choose between joining India or Pakistan, with no third choice. Pashtun nationalists were calling for a united India by 1947, and there were no popular voices advocating for a union with Afghanistan. (HistoryPak)

3.5.2. Famous Places

Bannu was once a fortress of the British Army. The British built a wall around the city with many gates in each direction, as well as Dilip Singh Fort in the Cantonment district. The city gates, including the wall and gates of Lahore, are known as Lakki Gate, Parady Gate, Qasbaan Gate, Mandaan Gate, Sokari Gate, Hinjaal Gate, Miryan Gate, and Railway Gate. There are several famous markets and business centers in the inner Bannu city, which include Chowk Bazor, Tanchii Bazor (famous for a huge water tank high above the surrounding buildings), Chaii Bazor (famous for variety of tea), Railway Bazor, Jamaan Road Bazor (famous for countless Jaman trees alongside the road), Tehsil Bazor (famous for gold merchants), Mir Saudad Market and Gardanali Gali (famous for ladies items), Tail Mandii (famous for all kinds of oil), Sabzii Mandi, Gurhh Mandii (famous for the best Gurh in the region), Ghalla Mandi, Maal Mandii.

3.5.2.1. Chowk Bazor

The most well-known market in the area is Chowk Bazor. People gather every day after Asar prayer (Mozdigar) to celebrate festivals, dancing to the traditional dhol rhythm and eating and sharing sweets. Chowk Bazor, according to others, celebrates Eid every day.

3.5.3. Ethnic Groups

Broadly speaking, district Bannu is inhabited by *Wazir* and *Banuchi* tribes. Main city and the surrounding villages are inhabited by the Banuchi tribe while the newly emerging places like tahsils Domel and tahsils Janikhel is mainly occupied by the Wazir tribe. These villages can be

easily divided in to Banuchi speaking dialect of Pashtu and Wazir dialect of Pashtu. *Surrani, Mandan, Kakki, Fatima khel, Sukari* is inhabited by *Banuchi* tribe while villages *Umerzai, Syed khel, Janikhel, Bakakheland Azeemkalaare* famous *Wazir*tribe villages. The major tribes are Banisee,,Wazir, Marwat , Bhitnaan, Syeds and Awan with many more sub-tribal groups and factions within each larger tribe.

3.5.4. Marriages & Social Stratification

Marriage pattern is intra tribal and cases of inter marriage between the two tribes is rare and exceptional. It is preferable to marry within one tribe but cases of inter tribal marriages are also present. A Wazir will marry a Wazir and the same is true to Banuchi. Social stratification of both the tribes are in complete opposition and One can find caste and class social stratification in Banuchi tribe while the same is completely missing in Wazir tribe. In Banuchi tribe major low castes include *Awan, Amandi*, and all people related with low considering occupations such as cobbler, goldsmith, and barbers while high castes include *Peraanand Qureshi*.

There is no caste like social stratification in Wazir tribe and during my field work I never find anyone among Wazir who are associated with low considering occupations. Most people related with such low considering occupational groups are Banuchi and Khattaks. Wazir living in Bannu consider it a proud and honor for their tribe that they are free from low caste people. There is a strong tribe system prevalent in the region. During my field work I found that Wazirs are more egalitarians than Banuchi. One can see strong tribalism and segregation between Banuchi and Wazir tribe in Bannu during election for four provincial assembly seats and one national assembly.

3.5.5. Dress Pattern

The men of Bannu wear Kameez Shalwar (*KhatPardeeg*) usually with a Waistcoat and a Shawl (*Parkai*) and the traditional Bannu sandals (*Supleeyay*)(much like the national dress of Pakistan). They also prefer the Charsadda/Kohatichappal and many of them wear a cap of some sort all the time. Generally, in Bannu, covering head with a cap or Pataki is considering a noble manner.

The women-folk wear colorful clothes at home but go outside only in a full Burqa (also known as a shuttlecock burqa). Strong pardah system exists in Bannu for females and for females it is consider noble to stay at home. Females cannot visit Bazor without their male relative.

3.5.6. Festivals

The most significant festival in Bannu is Eid (Akhtaar).It brings Pakistanis together in a way that is unrivalled elsewhere in the country. On the eve of Eid, all the men congregate in the village center (Chaaok) around massive bonfires to dance and celebrate with music, fireworks, and aerial shooting, while the women congregate in their homes around their own bonfires. On Eid-ul-Fitr, every household cooks rice, either plain white with „Desi Ghee“ (*Sheecha Ghwaree*) or the Palaa.

Before the Eid congregational prayer, the men-folk gather in the village centres, then proceed to each house in the village; eat a small amount of rice, and then move on to the next house. After the men have finished and gone to the village Masjid for prayer, the women of the village repeat the process in the village. The same practice is practiced in Bannu City, albeit to a lesser extent. Following the Eid congregation, all the men gather to help each other slaughter the sacrificial

animals on Eid-ul-Adha. In both occasions, family and friends pay each other visits, and there is an outpouring of hospitality.

Another important time of celebration is the harvest season. The men gather in the fields and reap the crops as a team. Everybody helps each other in the spirit of brotherhood. The traditional BannusaiDhol (*BanisaiDayl*) is played to keep the people motivated and entertained as they work hard all day and night. After the main event of harvest is finished, the people give each other gifts in the form of the recently harvested produce.

3.5.7. Music

Bannu's traditional music includes Dhol (*BaniseeDayl*) and Rabaab (*Raboab*). The men normally dance the „Draab' in broad circles in sync to the rhythm of the *Dhol*. It begins slowly with a few steps and a slow rhythm, gradually increasing the pace and the number of steps in each round to produce the Attan style dance.

3.5.8. Gun Culture (tepakzan)

In Bannu, there is a strong gun culture. Many people freely carry weapons, while others keep them locked and loaded. This is due to disagreements between individuals and, in some cases, tribes. The Pathan's are passionate and emotional people who value their pride above all else, which is why many conflicts are started and carried out with the use of weapons. The AK-47 Submachine Gun is Bannu's most famous weapon. Many men were seen holding the AK-47, which was also modified with interesting features such as circular 100-round magazines, scopes, and retractable butts. This has also sparked a firearms black market in the region. The majority of

the black market guns and munitions come from Darra Adam khel, a nearby town. In Bannu, a 9mm pistol costs as little as Rs.10,000, while a locally produced clone of the AK-47 costs as little as Rs. 50,000.

4. Research Methodology

The research aimed to do document the barriers and enabling factors towards utilization of vaccination and immunization, therefore qualitative research methods were considered as most suitable.

4.1. Ethnography

The Ethnographic research methodology usually involves direct observations of behaviors, conversations with varying degrees of formality ranging from the daily chitchats to prolonged interviews (both unstructured and structured). Ethnographic research methodology usually involves direct observations of behaviors, conversations with varying degrees of formality ranging from the daily chitchats to prolonged interviews (both unstructured and structured).

It also includes detailed work with key consultants and informants about details of community life. It may also employ in-depth interviewing with selective respondents often leading to the collection of life stories and struggles of particular people (narrators) to help understand and document the phenomena under study.

4.2. Rapport building

Rapport Building Rapport building can help alleviate apprehensions about the researcher and nature of research. The respondents are not very eager to share their stories without incentives unless they share a certain level of comfort with the researcher. First step was to identify suitable cases for conducting in-depth detailed interviews. For establishing good relations and

understanding with my respondents, I tried to be transparent, honest in my communication, clear, responsive, and friendly. It was an effort to put them on ease to talk about their view point with a confidence for confidentiality.

4.3. Multi Cited Ethnography

The research study is a multi- sited ethnography and makes use of different methods and techniques such as detailed in-depth, semi-structured interviews and focused group discussions to record narratives of different segments of society such as youth, doctors, community members, lady health workers, mother's and educationalist and Pashtun nationalists religious scholars. As the research is based on field data, I participated actively in my field work.

4.4. Entering into the Field

As native of the area, and having many family members, friends, and relatives are connected with the health care system it was not difficult for me to enter my field and I enter my field easily. All I need to do was to visit the tahsils head quarter hospitals and village basic health units and rural health care unit. I visited with my cousin, who is doctor and monitoring the vaccination and immunization campaign, at tahsils level. As the village basic health unit is located in our land and under my father supervisions and the campaign for local immunization carry in our own supervisions so entering field was not a difficult for me.

All I had to do was to visit that basic heath unit of our village. Moreover, we arrange the food for visiting vaccination team so it was not difficult to reach lady health workers and vaccination teams. I found it very easy to enter my field. As we have a respect in the research area, so interviewing local parents and elder of the village was not difficult for me. I also started

participation and I found no hurdles in entering my field. Health workers warmly welcome me in their activities and in fact give me honor and respect for my education. Local people of my village are especially interested in educated youth because they consider them very useful in spreading the education about health barriers and issues. Moreover, I try my best to find out a way out to solve this barriers and issues at local level.

The field work was extended to 03 months" time to explore maximum possible dimensions of the barriers and issues and also a way out to. An effort was made to spend maximum time in my field to understand ideology, motives, and changes which needed to improve the health system.

4.5. Translation and Pre-Testing of Data Collection Tools

The interview guideline was translated into the native language Pashto. Then the same was be pretested to know its feasibility, practicality in the field. Observed changes were accordingly incorporated. Guideline is added at the end as Annexure 01.

4.6. Data Management

Not to miss any observation or piece of data. Transcripts was be developed on daily basis preferably in the native language. Interviews werebe audio recorded (with prior verbal consent) and notes were also be taken during the interviews.

4.7. Data Analysis

Manual thematic/framework analysis were be carried out to draw the results.

4.8. Sampling Method

This research is an exploratory qualitative study. However, some quantitative demographics to be obtained from study participants. The design is opted for this dissertation study because exploratory qualitative design is generally conducted to explore the problem in depth which may not be well studied before. This can help generate new hypothesis and provide grounds for designing research to study the same problem or phenomenon with new perspectives. Qualitative in-depth interviews is to be conducted with following proposed number of participants. However, these to be conducted until study achieves theoretical saturation.

Convenient and Purposive Sampling helped in accessing research subjects who besides being conveniently available also served the purpose and objectives of the research. Purposive sampling is also called judgment sampling and focuses on choosing cases on purpose and not randomly. The researcher by using personal judgment finds and accesses those respondents who can serve the purpose of the research study. Qualitative researches on specific or hard to find populations rely on judgment sampling (Bernard, 2006).

I used mainly non probability sampling technique for my research. I used purposive and snow ball sampling method for data collection of my research.

4.8.1. Sample Size

After constant follow ups with my key informants 32 people from different walk of life were selected as sample size. These people belonged from different walk of life such as mother,

father's educationalists, locale religious scholars, people who had knowledge of issues of health system.

4.8.2. Inclusion Criteria

Purposefully I have selected only those households who denied for polio vaccination, based on the information received from key informants.

Mother and Fathers: the couple who will have a child of less than 5 years will be eligible to participate in the study with a prior verbal consent.

4.9. Data collection

As the research is a qualitative research, therefore I used qualitative methods for my data collection.

4.9.1. In depth Interviews

In-depth, semi- structured interviews are verbal interactions where the interviewer attempts to extract information from respondent by asking open ended questions. Even though, a list of pre-determined questions is prepared by the interviewer, in-depth, semi- structured interviews usually transform into conversations offering participants to address issues and matters which they feel as important. This method is useful for understanding opinions and emotions as well as for collecting information on diverse range of experiences. They significantly help the researcher by offering a route to partial insight into what people do and think.

The researcher conducted 25 in-depth semi-structured, in depth interviews interviews with the respondents who had ample knowledge of barriers and they know how we can improve the existing system. The interviews proved helpful in documenting the barriers and enabling factors towards the utilization of vaccination. All interviews were conducted face to face and in multiple sittings as they offered me an insight to the issues and barriers at community level. Moreover, it also helps the community perception about vaccination and immunization at community. It also help me to documents community view that how we can make effective the vaccination process.

Interviews were pre-scheduled periodically and systematically after first meeting with the respondents. This saved me and the respondents a lot of time and effort. A list of questions against every objective was also designed to cover all important themes and sub themes identified in the objectives of the study

4.10. Key informants

The key informants introduced me to many doctors“, lady health workers and religious scholar of the community. Key informants also help me in covering different vaccinations campaign and other health activities of government. Some respondents already knew the researcher. Being proficient in understanding local language was an added advantage. Due to these factors, gaining rapport with the target group did not take much time as anticipated. it help me in doing my fieldwork effectively. It helps me in participation in vaccination campaign and community members.

The researcher chose 05 key- informants which included a religious scholar and prayer leader at a local mosque, a teacher, already health worker, female professor and a local student and human

right activist. Key informants helped me in building a rapport and trustworthy relationship with respondents and access to care system and lady health worker activities and knowledgeable about the things the researcher wants to know (Bernard, 2006).

Following are the detail of my key informants

1. Abrar Khan was, who was a religious scholar and an active member of community and an active member of village Jirgah was my key informant. He helps me a lot to reach and research the topic in study.

2. Hamid Khan was a local school teacher .he helps me a lot to reach the potential respondents.

3. Sara Khatoon, a locale educationalist and professor and an active member of the community helped me a lot in understanding the community perception and barriers towards vaccination.

4. He was a polio worker from 4-5 years in my research field. He helped me out about the families who are not vaccinating their children.

5. He worked for non-governmental organization and invites me in campaigns about polio vaccination to understand the community perception, barriers and recommendations of the community.

The other two key informants do not allow me to give their details in research. So because of research ethics and confidentiality, I would not include their details.

4.11. Focus Group Discussion

Focus Group Discussions Focus group discussions (FGDs) are useful to find out different range of opinions and views on any one situation. It is helpful in providing an insight into diverse opinions among respondents from different socio-economic contexts. Researcher performs the role of a mediator in a focus group discussion and tries to keep the discussion around the pre-determined agenda. FGDs are one of most effective tools to investigate how a group thinks about any specific issue or defines a concept in local language. Overall, four focus group discussions were conducted in total with five to ten members each. Two were conducted in UC Asperka Taraf Awal, one in UC Asperka Taraf Doym and one in my male guest house.

4.12. Participant Observation

Participant observation is the process of organizing the daily behaviors and routine of people through extensive observation. During participant observation, it is essential for a researcher to include in all the activities of a group to become a part of that group being observed.

It is considered as a foundation of many qualitative disciplines. In anthropological research, it is believed as a substratum of a study that facilitates a researcher with a complete understanding of a culture being studied. As an anthropological researcher, I also participated in the campaigns to know the perception of community and their recommendations. The technique being foundational to ethnographic research was employed to extract meaning out of the conversations they had among each other. It also helped in validating narratives provided during detailed interviews.

4.13. Field Notes

I also used field note during my research. They helped me a lot in my research and in gathering true information. Field notes are broadly endorsed in qualitative research as a mean of documenting wished contextual statistics. With developing use of record sharing, secondary analysis, and met synthesis, area notes ensure wealthy context persists past the original research crew.

4.14. Case Study

I also use case study technique in my research. It help to record related events an important way of getting into the depth of interviews of the living individuals. A case study should be defined as a research strategy for collecting data regarding research topic for its verification, an empirical inquiry that investigates phenomenon within its real life context. Case study research can mean single and multiple cases.

It helped me to understand the objectives of the research. Main advantage of the case study lies in the richness of its description as the subject is deeply studied. This technique has been used during field work to get detail information and reliable data. I included the case study for the better understanding of research.

4.15. Ethical Considerations

4.15.1. Informed consent

An informed consent were be administrated before interviewing any participant. The study objectives and scope are be discussed in detail with respondents. It was be explained that participation is voluntary and can be terminated at any time without reason and without any penalty. If the potential participant has any questions, they were to be answered in their native language to ensure that they understand the research and their potential role in it.

4.15.2. Confidentiality

To ensure privacy, all the interviews are take place at each participant"s home/office. Hard copies of the study-related forms are be stored in a locked cabinet. Only research student and supervisor have access to this information. After completion of the study, identifier information were be stripped and only study IDs will be used during analysis. All identifier information are be destroyed after analysis is complete.

5. BARRIERS TOWARDS UTILIZATION OF IMMUNIZATION

This chapter tries to explore the barriers and hurdles that are the causative agents of creating problems in the effectiveness of utilization and vaccination in the District Bannu KPK. These barriers are not just creating hindrance toward the implementations of the smooth-running program of intensive program for immunization but also promote hatred towards such health promoting programs from government agencies that can protect community from the fatal and life –threatening diseases such as Polio virus, and other life threatening diseases from the very childhood stages. Below the lists of hurdles and barriers towards utilization of immunization and vaccination at the community level which created hurdles to implements the health care system and immunization process at the community levels.

Moreover, this chapter also tries to find out the mentality and understanding towards such extensive programs for promoting health of the community. It discusses in detail different myths and misperception about health promoting programs which the governmental agencies has started. Through detail interviews and focus group discussion, this chapter discuss in detail the view point of which is present at community level viewing regarding the use of immunization and vaccination at the community level of immunization and vaccine and why they are not ready for vaccination and negative perception about the health care system and immunization process.

5.1. Knowledge and perception

One of the main barriers, which I came across during my field work in community, was that local polio does not recognize the effectiveness and efficiency of immunization and vaccination.

They consider vaccination and immunization as not an effective way of promoting and enhancing health. Because of some negative myths at community level about vaccination and immunization, indigenous knowledge does not allow many families to vaccinate their children. During my field work, I noticed that older members of the community strongly believe on such myths and they have strong influence on families decisions, significant number of households do not allow their children for immunization or the vaccination. They had strong reservation over the effectiveness of polio vaccination and claim that the children who are affected from polio are properly vaccinated still that children affected with polio had received the drops.

During my field work, I asked one of my respondent that why are you not allowing your family children for immunization, he narrated:

Da vaccina asa faida nashta da government asay da mez na kamakal jora wi. Da vaccine na bada ha mez ta bya agha bemorai lagi no da dagha asa asar nashta. Mez xaman ta marai nashi wer kawai o da taleem nashi wer kawai no ka government da mez saraa ikhlasmand wi bya da mex dachyon ta da nor zarurtena pera ki. Khali da vaccine asa faida nashta asay da mez khato kawi na da hakomat.

“Vaccine is not beneficial for their children s health and the government is just fooling us though such programs .it is just a method to fool us. We have experienced the same diseases in our children after vaccinating our children’s and this immunization is not effective at all. We are unable to feed and our children are facing many other problems and if the government is sincere with our children and care about our children, they should provide that needs of our children”.

I asked the same question from a female respondent, she told me:

Da mo o da mo da khor dwary zaman di. Mo ahpl zaman ta asay karay matray na di wer ho bya ha da mo zaman teak tak ti o asa malsa masla nashta weta. Da mo da khor katray wer di os agha chatay patay bemoron kazi o loaya masla wer pasha di. Da mo da khor pa muqabla sha da mo zaman blkol teak tak ti o asa masla nashta weta.

“My sister and I are married; we both have children. I did not immunize my children with polio drops and other vaccines and my children are Alhamdulillah healthy and growing properly, while my sister uses to vaccinate her children with scheduled vaccination now, they are suffering from different diseases. In addition, you compare our child you will see who are good in health”.

During my field work, I also noticed that this perception is different among educated and uneducated families. As I do my field work in Pashtun dominated area, a patriarchal society, decisions about vaccination is done by the male member’s. In majority cases, families, who had educated male members are in favor of vaccination and are basically promoting vaccination. They do not have issues with the effectiveness of immunization and consider immunization as an effective way and save valve against many life endangering and threatening diseases .on the other hand, in majority cases, uneducated people don’t know and had reservations about the effectiveness of vaccinations and denied their children to vaccinate.

I asked one of my female respondents that why you are vaccinating your children, she told me:

“Our males are educated, and they are aware of the consequences and benefit of vaccination that’s why they have strictly restricted us to get our kids vaccinated. It is for the benefit of our children as it can save our children from many life threatening diseases”.

Especially the polio vaccines are not values was strongly perceived to be administration for restrained fertility among women. This is not the only misperception about polio. It is also consider the causative agent of speeding the process of reaching puberty in children. At the same time some people believe that is used to control the population. Some people consider it as a drama created by the government to receive foreign funding. They also had reservation over the monthly vaccination campaigns. They also had reservation about the formula and composition of the vaccine as they believe that there is no formal written on vaccine and because of this question they are against the vaccination of polio.

When I asked the head of the family, who refuse to vaccinate their children, he told me :

Pa haqeqat sha asa polio molio nshta asay darmay maramay joray di. Da abodai mabodi control kawal ta chal dai o tol chal wa data dai o matlab cha tol mez ta chal dai cha bya nar shaza sai char nashi kaaria.

“In reality there is no polio disease and basically it is the conspiracy of the west to control the population. It cause sterilization in male and female .it is basically the drama created by the government for receiving foreign countries.

As there is no formula written on the vaccination and even the doctors don't know the composition of the vaccine so in reality there is no polio disease”.

Most of the considered that these vaccine are made in foreign countries, and are made of pig so no one knows what the makeup of these vaccines is either “halal or haram”. According to a women, “Our male members are educated they know the truth that the vaccine works as to infertile women and children.

One of my respondents told me that we are facing a lot of health polio such as malaria measles, typhoid and others but the government is just focusing on polio so instead of focusing government should focus on other health issues. He was of the view that we also lack other basic health facilities so the government should focus on these issues.

Another respondent told me that instead of providing us polio vaccine the government should provide us good education instead of polio vaccine as education is the key to honorable life. So they are of the view that the government should provide us free and quality education.

Similarly, a male respondent said:

Mo ahpla mashra ler ta teka lagawalya ho os ya pa mat sha da tekka wal nishan jor dai. Ya os halk wai cha da vaccino dera masla di o derla masla masla zanay jorxi ay mor. Was satii za nayaza cha satii za sa pa waka pa da halk.

“I had vaccinated my younger daughter with BCG vaccine and that vaccine left a scar on her shoulder, then I decided not to vaccinate my other child, I also been listening from many people that vaccines are not good for child health and it has many side effects”.

Belief in fatalistic ethos is also a hurdle in the way of immunization and vaccination. Local people are of the view that health and diseases are in the hand of Almighty Allah and vaccine cannot prevent our children from diseases. During one of my focus group discussion the participations were of the view that as compared to the past, the children of today are facing a lot of health issues and children frequently suffer from different diseases. it is just because of these so-called vaccines”. During the discussion of the respondent referring a child of the village said that:

“The kid was immunized with all scheduled vaccines but still he is suffering from measles and epilepsy. So, we believe that health and diseases are from Allah and vaccines cannot prevent our children from diseases.

The onset of and recovery from a disease is all Godly phenomenon, vaccine have nothing to do with illness”.

From the above interviews a discussion, it was revealed that most of the respondents even some educated people are against the vaccination and were not immunizing their children. These immunization and vaccines are foreign made and these are not good for their children health. Many females“ respondents were expressed that due to these immunization and vaccine the fertility issues are aroused. Polio and other vaccines are harmful to the fertility process. The developed countries with collaboration with international agencies tried to minimize the population, so that is why they are implementing these types of vaccines. The respondents were considered these are more harmful and less benefitted for their children“’s health.

5.2. Unawareness

At community level, they are unaware of the importance of vaccination and immunization. The community members are hardly aware of the aware of polio and other EPI scheduled. As they are not interested in immunization, so they do not consider it necessary to know about the vaccination and immunization. As majority of the community members are illiterate so , they don“t know about the importance of health and immunization. Because of lack of education and awareness about the importance of vaccination and immunization, community members are reluctant towards vaccinating their children. During my field work I noticed that community

members are not aware of the fact that how vaccination can prevent many fatal diseases in their children. They are unable to understand the function of vaccination in promoting health in their children. They are just not unaware about the importance of vaccination, but also don't know about the danger of the diseases for which the government is doing all the vaccination and immunization.

When I asked about the importance of vaccination, one of my respondents said:

Ya moza kaliwal halk u moza pa dura dearay na payazu os moza sa kawi. Da teka wala zanana no dera basddi su dura ma bada shi cha okka ya sa hadd nasta . charay rawatali ya pa da lock down cha ao mask ta charay da sta khani waghaya. Ra waneso cha hawalat ta ye ki pa da lock down cha dasay rawaltalai da wa nesi. Da khar das manda wer kawa cha tabyat ya set wi. Cha ta mata pa las rashay pa kona cha ba da las waya. Ta khanay waghaysa goro ba.

“We are kaliwalkhalk (illiterate people and unaware of the present world) we do not know anything about health and medicine. Even we have not knowledge about immunization and vaccines. We are uneducated and unaware of polio disease. We have no information regarding the vaccine, and we do not know vaccines names and its purpose. . Lady health worker comes here to vaccinate our children but our male refuses to vaccinate our child. However, some of the males allow vaccinating their children s because they believe the vaccine is good for child health, but our male member has restricted us from vaccination”.

Because of lack of awareness and education, people are refusing to vaccinate their children and one of the leading causes of resisting people from immunization and vaccination. The unawareness and lack of education are the main leading factors which restaurant the local people to take immunization. Educated community members who are well aware the potential danger

of such diseases and also of the importance of the vaccination in preventing such diseases, normally vaccinate their children. On the other hand, uneducated and illiterate people, because of lack of awareness and effectiveness of immunization and vaccination, refuse their children to be vaccinated by lady health worker.

The awareness is also different in male and female. Females as uneducated and normally are unaware of the function and importance of vaccination. Similarly, they do not know about their pros and cons of the immunization process. They considered this as something and un-useful and fake thing. These issues lead women to miss the immunization process. Many TV channels and social media are readily reported that these vaccines are important for children's development but still due to lack of awareness women's do not have access to immunization.

5.3. Traditional Healing & Curing Method

People belief on traditional healing and curing method is also a major barrier towards vaccination and immunization. As every society has their own tradition way of healing and treating different diseases. During my field work I find out that people had strong belief over such traditional ways of healing than immunization and vaccination. As these traditional healing methods had been in practice for a long time so the local people are resistant switching to the vaccination. The below theme discussed the perception and view regarding the alternative to the vaccine and polio or the vaccine/immunization..

One of the respondents said that:

“When our child gets measles, we keep separate it from other family members to complete Seroza (three days separate from other family members). In this period, we look after measles patient and provide proper hygiene space”.

Furthermore, regarding the alternative way of immunization an elder respondent said,

“Chest/respiration related diseases (like cough, flu, and pneumonia) and diarrhea can easily be managed by using Sutte some indigenous therapies. If these are treatable then why one should put their kids on the risk of unknown vaccines”.

5.4. Refusals by Elder Parents

As the research is conducted in pashtun dominated area, and in pashtun society community members normally respect and value the opinion of their elders. So the decision whether to vaccinate or not vaccinate their children is influenced by the opinion of the elder of the village. The same case is experienced with the case regarding vaccination and immunizations. They normally listen and follow the opinions of their elder blindly and violating or not accepting the opinion is considered by the villagers as something very bad and arrogant. The community members give great importance to the decision to their elders. Due to the strong social ties with the parents, there were following their instructions.

One respondent, who refused to vaccinate their children, when asked why he is not vaccinating their children, narrates:

“I don't know about vaccination but the elder of the family has decided to not vaccinate our children and now I cannot violate the decision of the family elder .if I violate the decision of the

Elders, people and community will consider me as arrogant and disrespectful towards our elders”.

When I interviewed, an elder who was not ready to vaccinate their family children, he stated:

“We did not get any type of vaccine in our childhood and we are healthy and sound. In fact, the people of our generation are healthier than those of today generation. As we were not vaccinated in our childhood and still healthy and sound, we will not vaccinate our children. From this fact it is clear that vaccine is not something very good and beneficial for human beings. We also don't know about vaccination so it is basically a health risk to vaccinate our children”.

From the above interviews , it was cleared that due to less education and exposures of modern technology the people of KPK are still living under the old aged customs, their believe is predominated by the superstitious and illustrated approach toward the vaccine and immunization process. These people considered that the west especially America is planning to enforce the less population strategy on the Muslims countries. These vaccines have not only side effects but also have negative impacts on the fertility of children. Many politicians and other non government organizations with the support of religious leaders motivated the illiterate people that these vaccines are haram, and Islam did not allow these things . So that is why the local people are resisting taking the vaccines and other related immunization items.

5.5. Religious Misconception

The theme discussed the religious misconception at community level regarding the immunization and vaccination process. In district Bannu majority of the people are Muslims and conservative

toward their religious practices. Because of lack of education, people normally believe blindly on Religious conspiracies related with immunization. During my field work, I noticed that in majority cases such conspiracy theories are created by The Mullah who is a religious leader, and because of knowledge of Quran and Hadith , whatever say ,people blindly followed his orders. The many media reports and researches were stated that the non-governmental organizations and politicians are using these Mullahs for their own political purpose. Whatever this Mullah says people are not resisting their instructions and people thought that un-following of their instructions lead us towards hell opposite to heaven.

During a focus group discussion majority of the participants were of the view:

“Molvie religious representative preach that polio drops and Vaccines are haram in our religion and prevent us to get immunized”. A respondent said, “I heard on Masjid loudspeaker Molvie was saying not to intake drops it’s against our religious teachings. These are prohibited in our holy books”.

Another misperception and barrier at community level which most people believe is the conspiracy theory. They are of the view that this conspiracy of the Jews to minimize and contain the spread of Muslim ummah. According to this theory they are of the view that after giving polio vaccination to children, the children become dull and are unable to produce offspring. They are of the view that we can be safe from this conspiracy if we stop vaccination to children.

Another respondent told me that the funding is for polio is from Bill Gates who is a Jew and Jews can never be our friends,. He was of the view that basically he is funding for the eradication of polio because he want to promote the agenda of Israel through polio funding. He also told me

that Quran says that a Kafir can never be a friend of a Muslim so how Bill Gates cans became our friend? So they have reservation about findings for the polio.

A new married couple told a story about vaccines sign that was the common faith among them. The couple told me that,

“The polio worker is the agent of America and they stamp our child with vaccine sign to identify as their child. We get this information from the mosque and we believe the mosque is an only a valid source of information. The Imam will never tell lie, he gave us true information regarding immunization that it is propagation of yahodies Jews they war to sterilize Muslims children, as they cannot reproduce, Yahodi feared of increasing Muslim population”.

On the other side, the Vaccinator of study village reported a story of adjacent village where during a vaccine campaign, villagers (most of them Movies) bring Quran Pak and recite a verse with it’s explanation that the yahodies Jews well never ever become friend of a Muslim then how can we neglect our holy book instructions. *“These drops are provide/funded by Jews and these should not be aimed for good purpose. They requested vaccine team to leave their village and never come back for vaccines”.* Most of the cases the religion has influenced the people perception toward immunization and vaccination. Due to religious influence, these people did not use their immunization items properly.

5.6. Mistrust on Health Care Providers

During my fieldwork, the majority of community members had significant concerns and reservations about the vaccine and health-care workers' action. Locals in Pakistan had severe complaints about health-care workers' conduct. They express their dissatisfaction with

government officials' rudeness toward the general public. The general criticism was that locals who wanted to vaccinate their children were not treated with dignity and care by health staff. During my participant observation, I also observed health care workers behaving arrogantly against community members.

Furthermore, locals had reservations about the vaccines' quality. They believe that because the vaccines are given free of charge, the efficacy of the vaccines is poor, and that in most cases; the vaccines are rendered ineffective due to health-care incompetence. The vaccine had been ineffective due to a lack of adequate training for health workers in regards to vaccine storage. Children in Bannu have also died as a result of the use of (allegedly) expired measles, according to villagers. A few respondents believed:

“Vaccinators and health-care workers are not well-trained in administering vaccinations, and when we go to the health-care facility to get our children vaccinated, they use delaying tactics, and we have to wait a long time. In essence, they are hesitant to vaccinate our kids. Since the vaccines are given free of charge, health workers are less interested in vaccination and immunization. They give it away for free, so it must be of poor quality”.

Another respondent told me:

The villagers were concerned about the efficacy and safety of vaccines stored in basic health facilities and dispensaries. “How can one trust the safety of vaccines stored in a health facility that is open until 3:00 p.m. and has power outages that last the whole night and day? Is it still usable if the appropriate temperature is not?”

On the other hand, community members have reservations about the health care providers' expertise and knowledge. They believe that in the vast majority of cases, those who prescribe

vaccination and immunization lack basic knowledge of how to do so. The villagers are concerned that these health-care officials are under-trained and lack the necessary skills and knowledge. Members of the community believe that politicians employ them on political grounds to increase their own vote bank in the majority of cases. As a result, they are inept and are essentially playing with the lives of community members. They believe that many children have died in the past as a result of these untrained health workers.

During my field work, I noticed many health workers who were recruited on political grounds, so that is why the villagers have concerns about these employees. Another important concern of the local people is that the storages item is not good at the government levels. Most of the Vaccines are outdated and not properly stored by the officials.

One of the respondents was stated that:

“I know the health worker who has even not completed the inter-level education. He was recruited on the political grounds and he does not have appropriate skills and knowledge regarding the immunization and vaccination. A related case has recently happened in our village that a Vaccinator injected the wrong vaccine to children very soon he left his life so that is why we hesitate to take our children to the hospital for immunization and other treatment”.

Another respondent told me that in the clothes vaccination and immunization the health workers are collecting our data. The western countries are basically spying us and are collecting our data. He referred to the killing of Osama Bin Laden who was killed in Abbottabad in an American based operation. The respondent told me that America use the polio vaccination as a method of spying to search out Osama. So basically west have no concerned for our health but

they are using this vaccination as a method to collect data about Pakistanis and we have the example of Osama Bin Laden.

Another respondent told me that there is no need of vaccination after each month as this practice cause doubts in the mind of locale people as the government launch polio campaign every month. He was of the view that normally vaccination last for years but the case of polio is different as it needs vaccination every month.

Another respondent told me that through polio they are basically promoting western culture. They employ female and female that work together and through this method they try to popularize western culture. He was of the view that basically in pashtun society people consider it bad that female work with male, but the polio the western countries are doing it for the promotion of their own culture. He was of the view that this should be stop if the government is serious about eradicating polio.

5.7. Fear of Disability

The fear of Disability also contributed more to restrained parents from vaccinating or immunizing to their children. In a focus group discussion, one of the participants said,

“Many people have told me about cases where children's body parts were disabled as a result of vaccinations. As a result of this, I do not vaccinate my children. Because I have a child after ten years, and I adore her. I cannot risk vaccinating her because I have learned that the vaccine will disable every part of my body”.

Many parents have avoided visiting these health care centers for immunization and vaccines because of their apprehension. One of the respondents said,

“Because of the use of vaccination, our little girl has lost her legs, and another case has lost his arm as a result of vaccination”.

Later, a woman related a storey to her cause of denials. And stated that: *“I had heard that vaccines can harm and have harmful effects on various parts of the human body, with the majority of them affecting human legs and arms, and in some cases paralyzing children's legs and arms. She also stated that she had heard about a girl in a nearby village who had become paralyzed after receiving vaccinations. Even though the girl is young, she is still unable to stand on her feet and walk on her legs. Her parents sought medical advice after she developed a fever and leg pain. Your child is infected with the polio virus and will not recover, according to the doctor. Her parents used conventional medicinal techniques such as herbal and oil therapy, but she was unable to walk again. No one will be willing to marry her. She will be a burden on the shoulders of the parents. So, I'm afraid I won't vaccinate my child because of the high risk of disability; I have a child after 7 years of marriage and adore her”.*

Many families avoided having their children immunized because they were afraid of being disabled. The fear of possible disability as a result of vaccination, as well as the social and economic implications, is an obstacle to vaccination use. This is the belief among respondents or locals that their children are suffering from various diseases as a result of vaccinations and immunization. Although this was the preconceived notion of the people that release their suffering to the vaccine. So, the fear is another leading cause of barrier on the way of Vaccination and immunization among the parents in the DistrictBannu KPK.

5.8. Suffering after a shot

One of the main reasons why parents have refused to vaccinate their children is the pain they experience after receiving a vaccine shot. In a discussion about pain after a shot, a few of the participants stated: *Our children are in excruciating pain and have high temperatures, and it takes four or five days for them to recover.*

We receive in the hundreds in labor jobs, but we spend in the thousands when our child gets sick after vaccines, which we cannot afford, so we stop vaccinating our children, according to a respondent from a low-income family. A respondent will express to the researcher that:

“I am married and the father of three children, two daughters and a son. I work as a laborer and earn 600 per day, which is our family's sole source of income. I vaccinated my older child with vaccines and drops, but she became seriously ill as a result. I took her to the doctor five times and she was still sick. I sold my wife's goat to cover the doctor's bills during these visits. I understand that drops and vaccinations are beneficial to children's health, but we cannot bear the risks associated with shots”.

According to a female respondent:

“Vaccine shots cause our child to be unable to sleep at night and keep us awake for the whole night, affecting our ability to function the next day. We are unable to function after spending the entire night caring for our children, and we are extremely ill. Later on, it creates suspicion among in-laws that the girls are avoiding housework in the name of the child's illness.”.

Extra maternal care provided by women for their children can cause disruption in intra-family relationships and have a negative effect on the division of household work. Following a vaccine

fever, finding medical attention and managing a child's disease at home results in both direct and indirect financial losses.

5.9. Gender dynamics

The vast majority of respondents were aware that these vaccinations are intended to monitor the world's growing Muslim population. While some respondents believed that these vaccines are primarily intended to sterilize females in order to prevent reproduction, especially in developing countries. A senior male respondent said that:

“Polio injections and drops are being used to damage Muslim children rather than to prevent disease. They had implemented these vaccines as a new strategy after it failed to function effectively, threatening people if they did not take them. There was a huge family size, with every couple producing more than ten children. In order to regulate the population, the government first distributed cooking oil in schools along with population control medication. Now, according to the researcher, a couple can only have 2-4 children because the female cannot deliver herself; she needs doctors' help, as well as procedures, limiting them to only having 3-4 children. These vaccinations are routinely weekendening women's fertility and reproduction”.

Females do not want vaccines for their children because of these perceptions. They believe that vaccines harm women's reproductive processes and cause damage to their reproductive hormones. Many educated females, on the other hand, are opposed to immunizing their children. Many women in many families make decisions about immunizations or vaccinations, and these women may not want to take any vaccinations for fear of harming their reproductive systems or other factors.

5.10. Political Demands

Some of the respondent says something aggressively during a formal or informal conversation, it happens several times,

“We may not use vaccines because we have certain problems, and the government has yet to address our needs. As a result, an open mill irrigation scheme pollutes our agricultural land and drinking water.” *“We are still not facilitated with regular hospital and paramedical staff,” one female respondent said. We don't have a hospital here, so we'll have to travel to Peshawar if there's an emergency.”*

A respondent related a storey about villagers in a nearby village who refused to allow a measles campaign team into their community, and when key district management approached them, the villagers presented their demand list. This includes things like village street pavement and water supply, among other things. They allowed their children to be vaccinated after receiving assurances from government officials that their concerns would be addressed.

The majority of the villagers indicated that if the government does not meet our wants and needs, we would be unable to accept the vaccines and other treatments that the government imposes. The peasants were enslaved by political leaders and landowners who exploited the poor for their own personal and political gain. The method by which citizens browbeat the government into doing something for them. They would receive the Vaccine in exchange for allowing the Vaccinator into their house. As a result, several children contracted the disease and did not receive their vaccine on time. The method by which citizens blackmail the government into doing something for them. They would receive the Vaccine in exchange for allowing the Vaccinator into their house. As a result, several children contracted the disease and did not

receive their vaccine on time. These vaccines are, however, critical for children's proper growth and development in their early years.

5.11. Male Vaccinator

In District, Bannu is predominantly patriarchal and most of the decisions are taken by the males in the family. Most of these men are illiterate and refuse to send their wives or sisters to the male Vaccinator. As a result, the male Vaccinator is also the primary immunization or vaccination obstacle. One of the respondents said:

“The male Vaccinator is a significant impediment to women receiving vaccines. In our cultural environment, male Vaccinators are not permitted to visit their families, according to the respondent. The Vaccinator is unable to enter our home or vaccinate our children in the absence of a male household member. This encourages male Vaccinators to visit several times, something they did not do previously”.

Many children skipped their scheduled vaccines as a result of these issues and problems. The people of the villages are not well educated, and their entire livelihood is based on agriculture, and they have little exposure to modern life. They are resisted from using modern means and approaches to better their livelihood due to conservative messes and political depravity. They found these to be for harms rather than gains. They (males) don't let their females see male physicians or vaccine specialists. This is damaging to their reputation and goes against their traditions.

5.12. Female Mobility

“Women are seen as the sign of men's respect,” the indigenous people claim. “If a woman goes outside, it means she has damaged her husband or parents' respect”. The male members of the group strictly regulated female mobility, which is more usual in the sense of District Bannu KPK. When women go to gather fodder for cattle and agricultural work with their male family members, they contribute more to agriculture work. A respondent added that:

“It is not an argument for women to leave the house for any reason other than to work as agriculturalists. When asked how her child's medical care and immunizations are handled, she replied, “They get basic treatment.” She went on to say that in our household, moving outside the village without a male companion or a senior woman companion is unlikely. Since our males are often away from home for work, we have difficulty moving in their absence”.

As stated, that most of the population of the district Bannu is engaged with the agriculture and farming, livestock and labor in industries/factories. The males are working more than twelve hours in a day. They do not have even time to eat food at the time. Due to these issues and problems and the social structure is patriarchal and women are not allowed to go outside the village for immunization. In this way, many families suffered due to the unavailability of their male in-home and visit the health center with their wife. One of the respondents stated that:

“My husband is working in a factory and he spends almost 13 hours plus 2 hours traveling and even my children did not see him at the home. My children only meet their father on Sunday. As I am illiterate and do not know where to visits and how to treat our children. I have not taken any

children in the Health centers and give the drops, but my children are healthy and working on farms with her”.

5.13. Case studies

In one case study my respondent was reluctant to give polio vaccination to his children. The government agencies tried to persuade him by force but all in vain. When I asked the father that why he is reluctant to give polio despite the fact that polio is a serious threat to your children health. He told me that we have did not have basic life facilities such as food, home and education and our community is facing a lot of problem so the government should focus to provide us instead of polio these basic life facilities. If government provides me these facilities, I will support government vaccination campaign.

In another case study I visited the family of polio of effected child and interview them. The father of the child was regretting that he should vaccinate his children about this disease. When I asked him about that has a polio worker ever visit his home. He told me that polio worker visited his home many time but he refused to give polio vaccination to his children.

When I asked him that why he refused to gave polio to his children, he told me that basically a local Mullah told us that there is no such disease as polio and this is a drama by Jews. He also told me that the religious scholar told us that through polio, the Jews want to take away the faith of Muslims and therefore, we should refuse from polio.

I asked him that what is your opinion after your child get infected with polio virus. On this question he was of the view that now I consider polio a reality and I would advice those parents

who are against polio vaccination that for God sake vaccinate your children before it's too late and only through vaccination we can prevent and eliminate polio.

In another case study I interviewed the local religious scholars who were of the view that basically your mullahs and common people are ignorant to the true spirit of Islam. Because of this ignorance they are opposing polio vaccination. We were of the view that to protect children from disability, we should support polio vaccination.

6. Enabling Factors towards Immunization and Vaccination

This chapter describes in detail the factors which can change the existing barriers existing in society against vaccination and immunization. Basically these are the tools through which we can change the community perception about vaccination and immunization. This chapter tries to find out ways and tools that can break the existing barriers prevalent in community against vaccination and immunization and enhance the usage of vaccination and immunization at community and health care system.

The enabling factors are the motivating tools and techniques which encourages the individual to act a certain performance. There are certainly encouraging factors which were found to be helping and encouraging the parents for Vaccination to their children. These are described below.

6.1. Awareness of the Importance of Vaccination and Motivation to Vaccinate

As discussed previously, one of the main barriers that exist at community level regarding vaccination was the lack of proper knowledge and education at community level. One of the leading factor because of which villagers were taking vaccines were the lack o knowledge about vaccinate. Many villagers were not vaccinating their children because of this factor.

By imparting knowledge and motivation we know improve the ground situation and can convince many family and elders of the community about vaccinating their children. Through knowledge and motivation, we can vanish out the misperception and conspiracy theory prevalent at community level against the vaccination and immunization. We can motivate local people for

vaccination through constant engagement with health care providers and doctors with community and families who can guide and provide guidance and education to local people. This engagement will help us in countering many negative beliefs and trends of community about vaccination and immunization.

Use of coercive force against those who are not yet ready to vaccinate their children should be avoided as this will cause negative effects on vaccination process and will create doubts in the mind of community members. In this case, we can educate people through media, arranging seminars and other social activities. We can also educate people through incentives and rewards. When people will receive incentives and rewards for vaccinating their children, they will participate in vaccination. Media especially local radio stations can play an important role in educating and bring awareness in local people about vaccination. Similarly, seriousness toward the vaccine rates is also the enabling factors of immunizations and vaccines.

6.1.1. Village level Health Education Session

Lack of proper education at village level about vaccination is the barrier towards the usage of vaccination. At village level, the sessions about educational and health related problems are the enabling factor towards the utilization of vaccination. Providing village level health care related sessions are also beneficial towards the eradication of existing barriers. In villages schools and health care unit should organize such sessions to educate villagers about the importance of vaccination in promotion of healthy life.

During my field work I also participated in one such session, arranged at the village school. In the session, the villagers were invited and the villagers participated actively and wholeheartedly.

The basic theme of the session was the importance of the importance of vaccination in child and mother health system. The session was organized by the basic health unit of the village with the collaboration of non-governmental organization working in health sectors. They also invite doctors and other health expert in the session.

During the session the doctors give through lectures on the cause and effect of diseases and the importance of vaccination in preventing and controlling such diseases. The community members were of the view that we find the session very beneficial and many families who previously denied vaccination are now agree to vaccinate their children.

These schools and centers invite many specialist doctors and non-governmental organizations representatives to take in sessions. Most of the speakers are those people who related experiences and have respect in the village among the people. So, this way many females get information about the Importance of immunization and vaccinations. They also informed regarding the un use of these immunization and their outcomes.

6.1.2. Maternal/Family Education

Maternal education is also an important enabling factor towards the use of vaccination at community level. During my field work I noticed that majority of couples are unaware of the importance of maternal health and Family education/mother education play a key role in the health of their children. During my field work I found out that only educated mother can influence the decisions of the family and household and an educated mother is well aware of the importance of vaccination. Only an educated can do better decisions about the future of the children's and family. Maternal education can enhance vaccination campaign at community level and can challenge the decisions of elder of the family.

One young female educated respondent with a 12th grade education when asked about vaccination, said

“Despite restriction from the elders of family, I have vaccinated my three children because I know that vaccines are important for my children health. I don’t have trust issues with vaccination and immunization as it is necessary for my children health. I trust vaccines. Through vaccination we can prevent and can keep our children from many life threatening diseases and make our children safe. Moreover, if we compare the time of childhood to the present time we can great difference in term of diseases. During our childhood measles, Paralyze, chickenpox and diarrhea were more common as of present. Like we see a few of our grand elders with smallpox and heard many died because of smallpox those days; have we seen a single affected from this disease in our time? No”.

Similarly, one of the male respondents said that

"The mother’s awareness is an important enabling factor towards enhancing vaccination and immunization. Normally the father does not remain at home and in the absence of father all the important decisions about the children are taken by the mother. An educated mother encourages the utilization of vaccination and the positive attitude of an educated mother effect the mentality of whole community.

Mother provide the foundation for community life and family decisions so, the mother education is the important enabling factor towards the utilization of immunization and vaccination. An educated mother is well aware of the importance of vaccination for the physical and mental health of their children early ages.

6.1.3. Family Members with Vaccine Complaints

One of the female respondents said:

I am well aware of the value of vaccination in preventing diseases and ensuring that our children are healthy and resilient enough to combat a variety of deadly diseases. When I asked her where she gets her experience and facts about the value of vaccination, she said she gets it from her parents. She responded that: When I was pregnant, I went to the city for a medical checkup, and while waiting outside the doctor's office, a lady health worker and vaccinator approached me and invited me to participate in the session. I went to the session because I was invited, and a lady doctor was giving details about the value of vaccination for children. I listen to the lady doctor and I practically witnessed that many educated and noble e females were vaccinating their children and their children were healthy too.

The exposure is a very important factor to enhance immunization and Vaccination. The exposure motivate people especially mother about the Importance of vaccination in preventing life threatening diseases and they vaccine their children.

6.1.4. Family's Personal Experiences

During my field work a woman share her experience about the elder sister. She told me that: *my elder sister child got infected from polio virus. They realize quite late that her child is connected by polio virus. When they realize her child was completely paralyzed. She was of the view that we apply traditional healing method but in vain. When we consult the doctor, he told us that the child is infected by polio virus and will be paralyzed for the rest of life. We had paid the cost of not vaccinating our children. For us, it is very difficult to take care of her and we are listening*

that if could vaccinate her, she could be safe from this lifelong disease. She was of the view that all this happen because of lack of education and awareness about this lethal disease.

6.1.5. Role of Media

Media can play a significant role in eradicating the barriers that exist at community level .it can encourage local people to vaccinate their children. Role of local radio channels are also important as during my field work I noticed that local females and man listen to the transmission of this radio channels with great interest. The district administration with the help of local religious scholars can communicate their message through these local radio stations.

The role of social media can also be of great significance. As social media has a wider circle of users, the health administration can also spread their message through this platform. statWhereas the local people reveal that, the awareness raised on the local TV channel regarding the significance of Vaccinations encouraged us to immunize our children. The TV messages programs also played a major role to promote the knowledge about other diseases such as the number of children dying of measles, pneumonia, tuberculosis and other preventable diseases.

As one of the respondents expresses that

“Television is a major source of information. Most people have their own television in our village. They see different dramas and different programs on television for entertainment. We watch television in free time and watch local news, where we see the news regarding polio and other diseases that encourage us to vaccinate our children”.

A few respondents said that:

“We know the vaccines is highly beneficial for the children’s health, they also said that the vaccine make them secure from diseases. They added if the children get sick, it is not possible to provide them with proper treatment due to poor economic conditions. It is obvious that either the child health would get worst or we would to sale one of our assets to manage with it.

According to a respondent,

“Children health is most important for parents because parents want to look at the good health of their children. Therefore, they focused more on nutrition but sometimes it would not be possible because of poverty. He revealed that there are several households they did not able to afford the three-time meal. Furthermore, he discussed that the people who considered vaccines are not pure and prohibited in our religion, then why do they use other medications and other products which are made by the same countries. I trust vaccines make our children safe from fatal diseases, if we do not accept vaccines later we cannot afford either financially or emotionally if our child gets affected”.

Many TV channels are advertising the government message regarding the vaccines and it’s important. As, the mentioned above that most people are illiterate and labor in agriculture, so they do not have facilities of TV and other means of communications. In most cases, these people just blindly trust the Molvies of their villages these Molvies are conservative and rigid towards the modern mean and moods. They even considered these vaccines are more harmful rather have any benefitted to us. They advise the people did not take any kind of these vaccines.

6.1.6. Traditional Medicines & Their Limited Use

As some of the respondents reported that they use and trust of many families on traditional or ethno medicine. Which is simultaneously believed to be beneficial by both those who do believe in Vaccination and who do not. But some understand the role of ethno medicine when it comes to curing some diseases. They strongly believed that these traditional medicines have no role in the prevention of diseases. A few respondents added that by experience,

“It became clear that the modern medicine or medical system is better than traditional healings. The growing trend of modern medicine almost replaced traditional healing and herbal medicines. Now people started accepting to get prevention Vaccination for polio and other diseases such as hepatitis, tuberculosis, and diarrhea which are more common”.

Furthermore, respondent said that *“The traditional treatment/medicine is very poor in a sense that it does provide safety for future diseases and it does not give self-satisfaction. Whereas preventive vaccines make our children immune to fight life-threatening diseases. The contemporary world has changed perception regarding treatment; the local people are adopting modern medicine and concerning more about their children health. Accepting preventive vaccines to remain safe from future losses”.*

Most of the respondents were agreed that they have less believed in the traditional way of treating diseases. The traditional methods including the ethno medicine have also good effects and it's depending on the usage and strong believes. The person who has less believed in the traditional moods of treatment then these traditional medicines did not have any effect. On the hand, those people who have strong believe system they will get cure from these methods.

However nowadays these medicines have limited scopes and most of the people know the new and modern means of methods and treatment available them in government hospital on the doorstep.

Furthermore, responded said that the traditional treatment/medicine is very poor in a sense that it does provide safety for future diseases and it does not give self-satisfaction. Whereas preventive vaccines make our children immune to fight life-threatening diseases. Contemporary world has changed perception regarding treatment; the local people are adopting modern medicine and concerning more about their children health. Accepting preventive vaccines for remain safe from future losses.

6.1.7. Proactive Role of Government

During my fieldwork, I interviewed and had several meetings with different stake holders of health department. I also had several fruitful meetings and discussions with district administration of Bannu. I also had several meetings with field staff of health department such as leady health workers, nurses, vaccinators and health faculty, and non-governmental organizations working in collaboration with health department of Khyber Pakhtunkhwa.

Because of the active role of government stake holders, in many villages I noticed an improved trend of immunization and vaccination at village's level. Many villagers reported that an apparent improved trend of immunization across their land adjacent village. The local people also praise the tireless efforts of the concerned departments to improve and to provide a conducive environment for immunization and vaccination. They also acknowledge that the

government and NGO personnel continues and tireless efforts to enhance the immunization culture.

During my field work I also found government departments active in mostly polio campaign. They faced violent attacks during this campaign and in some cases; they were killed by the local people. The government is pursuing an integrated campaign for the success of these vaccination campaign. For the safety of polio workers, the government had deployed police personals with polio workers. I witnessed government commitment during the monthly polio camping. This provides me with an opportunity to meet with district Health management personnel who used to visit) monitor the performance of their staff at the field.

During one of my focus group discussion, the participants also acknowledge the government's strategies to counter different life threatening diseases. They also praise the government for providing free of cost all these vaccines and train their staff for the vaccination campaign.

. The female respondents also expressed that

“We are satisfied with the performance of lady health workers as they work for the better future of our children's. They guide us properly about health issues and problems and we can consult them whenever, we need them. Their attitude towards community females is positive and we should appreciate their efforts and services which they are doing for community. They are having positive behavior during the vaccination campaign, the polio vaccines are being provided throughout the country, the government is our well-wisher”.

The community members also appreciate and consider it the positive attitude of the government to giving pay packages to the vaccinators. Currently, the government of Pakistan with collaboration with UNICEF and WHO to working on the health sectors. They are

organizing the sessions about the awareness of people about the health care system and the importance of immunization. The government of Pakistan has established the centers along with. The roadside with the police checkpoint to facilitate the people on the roadsides. The present government has put its efforts to eradicate the menace of this polio from the country. On the other side, the government of Pakistan is also the signatory of UNO to eradicate polio and other related diseases from Pakistan.

6.1.8. Availability of Door to Door Vaccination

Because of the door to door campaign, initiated government, the community members find themselves at ease and at the same time gain access to polio vaccination. It saves the time and resources of the community. This initiative by the government find great success as the community members are now receiving vaccine at their door step and they don't have to visit hospitals and basic health unit to get their children vaccinated. The community members are appreciating this activity of the government.

When I asked one of my respondents about this campaign of the government he stated

Vaccinators visiting our homes save our time and also we get our children vaccinated without any cost. We are engage and busy throughout the day and it is not easy for us to visit hospitals for the vaccination of our children. During day time we are busy in labor so could not manage to the health care centers. But now the government has solve our problem by providing free of cost vaccination at our door step.

One female respondent said,

“Because of this door to door availability of the government, it is convincing us to regularly immunize and vaccinate our children. Moreover, this is also important for drawing attention of the villagers that vaccination is very important. For females, it is difficult to visit health care regular for vaccinating their children. We have the problems of transportations and financial problems. In our part of the world, it is not considered good for a female to live their home without a male. Our males are careless and normally don’t heed attention to the health of the child. Moreover, they don’t have time as they thought out the day; they are busy in their work. All these problems make it very difficult for us to go to a health care unit for vaccination, but the government had sort out problem by sending vaccinator at our door step. This played a vital role to draw the attention of local people”.

Another female responded narrated:

In place of male vaccinator, it would be convent for us, if a female vaccinator visits our home for vaccinating our children as this would enhance vaccine coverage by and large. Normally we don’t know the schedule of the vaccination campaign and if a female vaccinator visit my home it will enable to vaccinate on time.

During my field work that community members know the lady health workers by the name of polio workers. Normally they belong from the same village and can easily access the mother and the children both. They can easily visit each house hold and can vaccinate the children with ease. The community member also considers the home visit of the vaccinator encouraging factor to improve. The home to home visits of the Vaccinators is encouraging factor.

During the interview with lady health workers about the problem they faced during vaccination, she narrated:

In pashtun culture it is difficult for a female to visit home to home for vaccination. The local people something also look down upon us as they consider us not noble because we go door to door for vaccination. Another problem which is faced is that he local people are busy in their farms and we visit their home and couldn't find them. In this case, we have to visit them again for vaccination. We don't have that much resources and time to visit the same home again and against as we have to cover the whole village. Most Vaccinators have not visited again due to time constraints and resources. On the other hand, these people do not want to waste their time and resources to visit the health centers out of their villages.

6.2. Recommendations to Improve the Vaccination Process

There are certain recommendations by the interviewers to make the vaccination process more user-friendly and affective. These recommendations are as below:

6.2.1. Informative Public Session on Vaccines

During my field work, one of the barriers that I noticed was the unawareness at community level about the benefits of the vaccination and immunization. We can enhance the covering ratio of vaccination by properly giving awareness to the local people. During my field work many of the villagers and health care workers such as lady health worker , doctors and vaccinators were of the view and express the needs to raise awareness programs for better results of the vaccination and immunization.

Many of respondents express the need to raise the awareness Program or comparing the significance of the vaccinations and immunization. They give stress that government and other stake holders should arrange more awareness sessions in every corner of the village to ensure maximum outreach of the vaccination.

One of my respondents told me:

The government should arrange such awareness sessions to educate people about vaccination as there are many misperceptions about vaccination at community level. It also provides opportunities to everyone for discussion and can delete their misperception about vaccination. It also provides everyone to give their opinions about vaccination.

One respondent, highlighting draw backs in such sessions:

“Health related sessions are organized by government but most of the time participated by the same participants and majority of the villagers are still unaware of the importance of vaccination.

Another respondent highlighted:

In many sessions the government ignore the impact of religious scholars and other notable and influential people, which they had community and don't invite such influential people in their sessions. As the community members listen to such people with care so they should be invited to make awareness sessions more fruitful.. Those who are spreading rumors against vaccines should be targeted in these sessions.

One respondent said that

“By sharing the case studies in which different children have suffered from physical disability can motivate the Respondents to change their attitude towards the vaccination”. Another respondent said that *“Messages through TV in local languages through legend actress would so be instrumental to change behaviors of people”*.

Apart from these many respondents were expressed that the government should motivate the political leaders to visits villages and attend sessions in their rallies which further motivate the village people to take vaccines. On the other hand, the people were suggested that the electricity bills and many other utility bills are printed, so the government should write on the back or bottom about the Importance of polio etc., which create general awareness among the public.

6.2.2. Doctors Visit on Routine Bases

By using the services of doctors as the respect members and social status of doctors are much higher than the rest of the community so by engaging doctors for visiting the community can also enhance the vaccination and immunizations. . By utilizing the service of these doctors, the vaccination process can be improved rapidly.

A respondent said that,

“The doctors have more influence in our village and side areas if there would be a routine doctor visit it might encourage villagers to get their children vaccinated”.

The incidents of untrained professionals have also been observed, all presence of medical experts can reduce the chances of any catastrophe, and as a result, the significant majority would allow

these doctors to get entrance to their home for vaccination. The level of trust is also high among the community members regarding the doctor's behaviors. The respondent said that, "*the villagers trust in the doctors, they believe if the doctor is saying for vaccination it means it's good for health*"

. One another respondent said that, "*the routine doctor visit will clarify the purpose of vaccination and illuminate confusion that will encourage people to utilize vaccination*".

One of the agents of awareness creating process is doctors that can influence the opinion of the people in any way. Their services can make people aware of the importance of these life-saving vaccinations.

In villages and side areas of cities people have more trust and respect for the teachers and doctors. These people even considered teachers and doctors for the betterment of their children. The governmental should motivate teachers and local doctors who have a good reputation in the society, to visit in the villages and side areas advice the illiterate regarding the importance and the significance of the immunization. In this way the government achieves the maximum satisfaction regarding the immunization process. On the other hand, the doctors should arrange and give lectures in the local schools and colleges to improve the situation of immunization. This will increase the chances of people awareness regarding the vaccines and other related treatment of diseases.

6.2.3. Prescription of Medicine to Treat Post-Vaccination Fever

Fever in children after getting vaccination was widely reported by most of the respondents. This was also confirmed by lady health workers (LHWs) and vaccinators that it happens to almost all

children which are medically normal. Panadol or Calpol syrup is administered for 2 to 4 days for its management. Vaccinators and LHWs reported the increased use of the vaccine by an adjacent village where an NGO used to provide these syrups to children with every schedule shot of vaccine. These health care providers reported that he had not only save some money of parents but it also helped parents understand that temperature after the shot is a usual phenomenon that's why all kids are being provided with the medicine. So, they and some respondents strongly recommended that the government should also ensure the supply of these medicines for all children. Further, they added that if the government wants to provide health safety to these children, it is important to make the governmental policies compatible with the economic conditions of these respondents. The government has the responsibility to manage doctors and medicines for the treatment of other related issues.

6.2.4. Stipend to Children's Parents for Getting Vaccinate

Some of the respondents preferred incentives the immunization. The opinionate that provision of stipend to the parents can motivate them to bring their children to the health care center as most of them belong to the poor class and cannot afford to miss theirs per day wage. This was also reiterated by lady health workers and vaccinator that all type of vaccines is not being provided to doorstep. People must spare their time, those who live away from the facility also need transportation expenses and when they travel with kids, they also need some extra money to buy them food or toys etc. Although the vaccines are free of cost to avail it at health facility requires both cash money and time cost. They added "*People are very poor if they go to vaccinate their child then they cannot manage to go for work that day*".

In many cases, the people demand the construction of roads etc., in return for vaccination and immunization. Many politicians used this program for their personal political needs. They motivate people that they demand roads canals etc., in return for the vaccination. On the other side of the government introduce some stipend of money like 1000 per child it a workout. People do not miss any other their children for vaccination due to the monetary return.

6.2.5. Female Vaccinators

As reported by vaccinator and LHWs, that the current vaccine services are being catered by both male vaccinators and lady health workers in the villages and side areas. But it is not an essential mandate (job responsibility) of LHWs to administrate vaccines at the community level. They are only supporting in polio campaigns and help vaccinators identify children for routine immunization. So, the lady health workers said *“if the male vaccinators are not allowed by many families to directly counsel the mother then why not government is thinking to replicate them with female workers? They shall surely have easy access to all families, and they can also work more efficiently in coordination with LHWs”*.

Some respondents also shared the same views they expressed that *“the male family members are always busy in their daytime routine jobs; they are hardly available at home to carry their children to the vaccination centers”*. The female respondent said that *“the males are not available all-time at home, and we are not allowed to go outside of the home to immunize child, so ultimately we skip vaccination”*.

Respondents added that even vaccinators visit the village; they do not visit door to door most of the times. They used to sit in school or Hujra and call all families to get their children vaccinated.

This again not feasible for the female to go out without a male member. They capitalized the induction of female workforce to enhance the access of and to the families for improved use of the vaccine.

In village-like the villages of District Bannu where most women are illiterate and they do not want to be preferred to the male vaccinators. The governmental levels there are most male vaccinators so that is why women in most of the time do not visit the health centers. If the government wants to maximum utilization of the human resources, then they will recruit the female vaccinators at the village level along with the male vaccinators. When talking to the government officials he added that *“there are many issues faced by the female vaccinators in terms of their respect and honor. Many males in the villages tease the lady workers and harassing them with different techniques. Due to these issues, the government did not allow any female workers along to visits in the field. We are trying to make a group of male and female health workers to maximum facilitate the village and villagers”*.

7. Summary and Conclusion

Pakistan is a member of the United Nations and a signatory to the United Nations Convention on the Elimination of Poliomyelitis and Other Associated disease. Because of misconceptions and a variety of obstacles and factors, people in Pakistan believe that immunizations and vaccines are harmful to their children. Even though Pakistan's government is doing everything possible to eliminate polio and other diseases from the country's population, new cases continue to emerge. The most people are resisted due to the unawareness, lack of education, misconception and myths about vaccines, informal negative propagation by Molvies, associating vaccines with global Jews agenda against Muslims, females' restricted mobility, and families decision making with the oldest person who was not formally educated. Strong believe in fatalism was found to be strengthened with rare vaccine-associated incidences.

People behaviors towards general vaccines and polio campaigns were quite different. People took advantage of polio drives, which were actively led by government officials, to pitch their demands by denying polio administration. This has provided the opportunity to become in a negotiator position with the government. Many other enabling factors to provide the opportunities of immunization to the local people through the maternal education, role of Media, growing trend of western medicines, government's commitment, focused programs for vaccines, mother's exposure to vaccine compliant families, perceived limited role of traditional medicines, personal experiences of adverse incidences/preventable diseases within families and greater access to vaccines ensured by vaccinators and lady health workers door to door visit have encourage many families to get their kids immunized.

Thanks to the efforts of the government, stakeholders, and media organizations, the trend in Pakistan has shifted, and more people are visiting health care centers for immunizations. Pakistan would soon achieve its goal of being polio-free.

8. Bibliography

Abusaleh Shariff, A. S. (April 13,2018). *Infant and Child Immunization*. Strategic Initiatives to improve Maternal and child health.

Akram, S. (May. 1, 2020). *Factors Behind Polio Resurgence*. Islamabad: Sustainable Development Policy Institute.

Ellen L. Idler, Y. B. (Mar.,1997). Self-Rated Health and Mortality: A Review of Twenty seven Community Studies. *Journal of Health and Social Behavior*, Vol.38, No.1 , pp., 21-37.

Hafeez, M. (Spring, 2014). Poor Health Care In Pakistan. *Harvard International Review*,vol.35,NO 4 , pp. 52-56.

Khan, A. (July23, 2011). Lady Health Workers And Social Change in Pakistan. *Economic and Political Weekly*, Vol. 46, No.30 .

Khan, T. (August, 2013). Hurdles to the Global antipolio campaign in Pakistan. *Journal of Epidemiology and Community Health*,vol.76,NO.8 , pp.696-702.

Mahmood, N. (Winter, 2002). The Disease Pattern and Utilization of Health Care Services in Pakistan. *The Pakistan Development Review*, Vol.41, NO.4 , pp. 747-757.

Masud, T. (Apr. 1,2012). *Performance of the Expanded Program on Immunization*. Islamabad: World Bank.

Muhammad Atif Habib, S. B. (February, 2017). Knowledge and Preceptions of polio and polio immunization in polio high-risk of Pakistan. *Journal of Public Health Policy*, Vol. 38, No.1 , pp. 16-36.

Nida Tariq Siddiqui, A. A. (January 2014). Ethnic Disparities in Routine Immunization Coverage: A Reason for Persistent Poliovirus Circulation in Karachi, Pakistan. *Asia Specific Journal of Public Health*, Vol. 26, No. 1 , pp. 67-76.

pakhistory. (2021, march 17). Retrieved march 17, 2021, from [pakhistory.com](http://www.pakhistory.com): <http://www.pakhistory.com>

Paul D. Cleary, B. J. (Spring 1988). Patient Satisfaction as an Indicator of Quality care. *Inquiry*, Vol. 25, No. 1, *The challenge of quality* , pp. 25-36.

REnne, E. P. (2017). Polio Vaccination, Political Authority and the Nigerian State. In E. P. Renne, *The Politics Of Vaccination* . Manchester: Manchester University Press.

Roberts, L. (August 3, 2012). Fighting Polio in Pakistan . *Science, New Series*, Vol.337, No.6094 , pp.517-521.

- Shin, S. (June 1, 2011). Oral Vaccines Against Cholera. *Clinical Infectious Diseases*, Vol.52, No. 11 , pp.1343-1349.
- Stanton, B. F. (September, 2004). Assessment Of Relevant Cultural Considerations is Essential for the Success of a Vaccine. *Journal of Health, Population and Nutrition*, vol. 22, NO.3 , pp. 286-292.
- UNICEF. (2010). *communication handbook for eradication of polio and routine EPI*. UNICEF and WHO.
- UNICEF. (2019). Paksitan Polio Eradication compaign.
- Valligarda, S. (November 2017). Why the Concept lifestyle disease shoul be avoided. *Journal of the public health*, Vol.39, No.7 , pp. 773-775.
- Verma, A. A. (February 13, 2018). Insecurity, Polio Vaccination rates, and Polio incidence in Northwest Pakistan. *Procedings of the National Accdemy of Sciences of the United Nations of America*, Vol. 115, No. 7 , pp. 1593-1598.
- Walter A. Orenstein, R. A. (April 18, 2017). Simply put: Vaccination Saves Life. *Proceedings of the National Academy of Sciences of United States of America*, Vol. 114, No. 16 , pp. 4031-4033.
- Weiss, W. M. (June, 2009). Factors Associated with Missed Vaccination during Mass Immunization Campaigns. *Journal of Health, Population and Nutrition*, Vol. 27, No.3 , pp. 358-367.
- WHO. (2018). Expanded Programme on Immunization. *EMRO regional office for eastern mediterranean* .
- WHO. (2019). Expanded Programme on Immunization. *EMRO regional office of south asia* .
- WHO. (Jan.,1,2019). How to talk about mental health. *mhGAP Community Toolkit: WHO* .
- WHO. (Jan.1, 2020). *Universal health coverage: for sexual and reproductive health*. New York: WHO.
- Zafar. (March 28, 2008). Progress Towards Poliomyelitis Eradication- Pakistan and Afghanistan. *Morbidity and Mortality Weekly Report*, Vol. 57, No.12 , pp.315-319.
- Zaidi, S. A. (August,10-12,1986). Issues in Pakistan's Health Sector. *The Pakistan Development Review*, Vol. 25,NO. 4 , pp. 671-682.
- Zubair, M. (November 1, 2014). Prograss and Peril: Poliomyelitis Eradication Efforts in Pakistan, 1994-2013. *The Journal of Infectious Diseases*, Vol. 210, Supplement 1. *The final Phase of Polio Eradication and Endgame Strategies for the Post-Eradication Era* , pp. S152-S161.