

MOTHERS' CONCERNS ABOUT IMMUNIZATION



*A guide for
health workers*

MOTHERS' CONCERNS ABOUT IMMUNIZATION

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Preface

Health personnel should feel proud and honoured in their enviable ability to protect current and future generations of Nigeria.

Immunizing Nigerian children is not a mere job, it is a great contribution to the future health and wealth of the nation. Health workers should therefore do everything possible to ensure that all eligible women and babies come to the clinic and receive all required immunizations.

In order to do this, health workers must maintain good relationship with mothers and the community. The things that health workers do or say at vaccination sessions determine whether mothers feel good and will want to come back or feel bad and will want to stay away. Health workers should remind mothers that only by working together with them as partners can their babies' health be protected.

To support health workers in their interactions with mothers, this booklet presents and then discusses some very "hard" questions that mothers in Lagos posed and asked. These concerns were learned through interviews and discussions with mothers carried out in 1992 as part of several studies by the National Urban EPI/Metropolitan Lagos Project. Each of the mothers' statements or questions is followed by short discussion of the technical issues that mothers' concern raises.

At the end of this booklet is a list of abbreviations commonly used in Nigeria's EPI and their definitions.

Please read this booklet as soon as you get it, read it again, and then keep it as a reference. Supervisors are encouraged to use the booklet as a basis for discussion during supervision visits and meetings with health staff.

We believe that this material will be useful to you in your challenging but extremely important task of saving Nigerian children from preventable diseases.

J.O. Ayodele
(Urban EPI Coordinator)

[Author in black print]

Mothers' Concerns about Immunization

1. "The childhood diseases are known to be a part of the normal process of a child's development. Why should I prevent this by having the baby immunized?"

Some people believe that childhood diseases are a normal part of the growing up, because in the olden days, when immunization was not available, these diseases were much more common. What many people do not realize, however, is that before immunization was available, many more children died or were crippled by immunizable diseases. Even today, some children who are not fully immunized die from these diseases or are maimed, crippled, blind, deaf and weakened for life. This is disheartening because this suffering could be prevented by immunization.

2. "By the way, what are these so-called childhood diseases?"

- **Measles** is a very serious disease, which is characterized by rashes and high fever. It reduces children's resistance to illness and makes them susceptible to death when they are attacked by other diseases or faced with bad conditions that take advantage of the weakened children.

- **Tetanus is another very serious disease.** Neonatal tetanus kills many babies during their first month of life. Newborns who are unprotected with immunization are very susceptible because tetanus germs enter through the umbilical cord stump during or shortly after child birth. Such babies with tetanus often stop sucking at their mothers breasts. They become stiff, have severe muscle spasms and usually die.

- **Polio** (polio) is a disease that kills many children. It leaves many children crippled (lame). For instance, many of the crippled children that are begging for alms on the streets of Lagos are victims of polio.

- **Whooping cough (pertussis)** is a respiratory disease (related to breathing) known by the loud "whoop" that children with it make when they cough.

- **Diphtheria and tuberculosis** are the two final dangerous infections. They usually affect the respiratory system ~~(related to breathing)~~.

3. "Why should I bring the baby for measles vaccination? After all, measles is a common childhood disease which children normally recover from ~~it~~." ~~it~~

It is true that measles is a common childhood disease and almost every child gets measles if it is not immunized. It is however, a serious disease which should not be viewed lightly. In fact,

measles kills more children in Nigeria than any of the other diseases that immunization can prevent.

What happens is this. Although the infant may appear to have recovered from the fever and the rashes may appear to have disappeared, the ill effects of measles can be felt ~~soon after~~ a year. ~~for as long as~~

Measles weakens the child's immunity so much that he is more likely to get bronchitis, pneumonia, diarrhoea, or even blindness. In some cases, measles infections can also cause brain damage. These complications are more common and ~~often~~ more serious ~~in~~ in malnourished children. And since malnutrition is a widespread problem in Nigeria, measles vaccination is very necessary for every child.



4. "I have seen some children affected by measles before the age of about 9 months when the immunization is supposed to be given. If so when should I bring my child for measles immunization?"

Nigerian babies receive natural protection against measles when in the mothers' wombs. If the measles immunization is given before the baby is 9 months old, the natural protection received from the mother may interfere with the immunization, so the vaccine will not be effective. For most babies, protection obtained from mothers' wombs becomes insufficient to prevent measles when babies are 9 months old. That is why 9 months is the best age to give the measles immunization.

There are two possible explanations for cases of "measles" that occur before the age of 9 months. Many of these cases are probably not measles, but are other rash diseases that resemble measles. This is why health workers are instructed to give the measles immunization at 9 months even if the mother believes the baby already had measles.

The second explanation is that a few of the babies really do get measles before 9 months, because the protection from their mothers' wombs wears off earlier. But there is no way of knowing the children that belong to this group. So to be at the safe side, it is best to give the vaccine at 9

months.

Health workers should stress to mothers the great importance of bringing their babies for measles immunization as soon as they are 9 months old, even if the mothers think their babies may already have had measles.

5. "Some children still have measles after getting the measles immunization. Of what value is such immunization.?"

Although the great majority of children do respond to measles immunization and are fully protected, it is also true that a very small number of children who received measles immunization still get the disease afterwards. However, there are many reasons why this fact should not discourage mothers from getting her baby immunized against measles as soon as the baby is 9 months old. As mentioned earlier, mothers misunderstand some rashes on the body to be measles.

Secondly, measles immunization offers excellent protection against contacting the disease; however, it does not guarantee absolute freedom from measles. For a variety of technical reasons, including health workers immunizing the baby when the baby is too young (when maternal protection interferes with the vaccine's effectiveness) or when the vaccine has not been kept at the proper temperature before use, the vaccine is not sufficiently potent. Moreover, the protection offered by a vaccine varies slightly among individual children. If there is a measles epidemic, some of the children who may contract the disease will be those who were immunized

against the disease but whose protection was much lower than expected. If the child is not well fed, his resistance will also be lower and he may contract the disease.

Finally, it is extremely important to note that the measles cases in immunized children are much likely to be **milder with fewer complications**. So those few children who are immunized but still get the disease still receive a tremendous benefit from the immunization.

6. "My baby received the buttock immunization two times, but still had one of the diseases that the immunization was supposed to prevent. How is this possible?"

It is a pity that this child still had the disease despite mother's good efforts to get her immunized. Unfortunately, she didn't bring the baby back for the third dose of the vaccine (DPT). For a child to have a full protection it is necessary for the child to complete the three doses. But the immunizations for tuberculosis and measles require only one dose. The other vaccines require three doses, at least one month apart, to be effective.

For oral polio vaccine, three doses are normally sufficient while four doses are recommended in order to have higher protection.

7. "My husband refused to let me bring the baby back for more immunizations because the last time the baby received one dose of immunization, the baby fell sick."

It is true that sometimes a baby develops a mild temperature after receiving immunizations. This is a "side effect" of immunization rather than a real sickness. Side effects are milder and much safer than an actual attack of the diseases that immunization prevents. Almost all side effects will disappear in a short time. You may want to make your baby more comfortable by giving the baby cool baths or paracetamol to bring down the temperature.

(This mother should tell her husband what the health workers have explained to her that the mild fever is normal and not harmful to the child. She could also bring in her husband to the clinic for health education.)

8. "After my friend's new baby was given the first injection in the upper arm, the baby developed a small sore at the site of the injection. Is this something to worry about?"

The sore should not be a cause for worry. This is a normal reaction after the BCG injection for tuberculosis. It shows that the immunization is actively working to protect the baby against the disease. About 4-6 weeks after the first injection, a small lump called a papule appears at the site of the injection. The mother should leave the lump

alone and keep it dry. The lump may later break after the injection has been given and will leave a depressed scar. However, if the discharge continues without the wound drying up, the doctor should be consulted.



9. "I didn't bring my baby for the immunization appointment because he had diarrhoea."

Several studies have shown that immunizing a child who is slightly ill will not harm the child and will not make the illness worse. In fact, the weak condition of a child who is slightly malnourished or ill with cough, cold, diarrhoea, or low fever makes him particularly vulnerable to disease. As such, immunization is very urgent and important. So if a baby is not well, the baby should still be taken for immunization.

The ^h health worker should postpone immunization only when he observes that a sickness is so serious as to require the baby's admission to the hospital. The Government of Nigeria and the World Health Organisation recommend that immunization should not be postponed because of less serious illness.

Health workers should encourage mothers to keep their immunization appointment even if their children are sick. Mothers should understand that it is the health worker who can decide if the baby is sick to the extent of hospitalization and the immunization should be postponed.

10. "You said that the baby's immunization should start at birth, since I couldn't bring the baby at birth, can I still bring him for immunization later?"

While it is best to follow the ideal immunization schedule, on no account should the baby be denied complete vaccinations. Even if the baby is brought later to begin immunization, the baby should still receive all the vaccinations. But every effort must be made to complete full immunization before the baby is one year old. When immunizations are given after one year, the baby might get exposed and unprotected against the diseases.

11. "What should I do if I miss my child's immunization appointment?"

This mother should be encouraged to come the next day when immunization will be given. If a mother misses the baby's immunization appointment but brings the baby for immunization on a later day, the health worker should not reprimand or abuse the mother but praise her because she still keeps the appointment of her baby, even though late, and she should be encouraged to keep future appointments.

→ A child will be "fully protected" after the completion of all immunizations. Hence it is very important for parents to bring their babies for vaccination as close as possible to the correct time and for health workers to make sure that all the vaccinations are given as soon as the babies are due to receive them.

12. "My cousin's baby is ten months old and has never received any immunization. What vaccine can she receive if she is brought to the health center?"

→ A baby over nine months old can safely be given one of each of the vaccines on the same visit. This baby can therefore be given immunization against such diseases as diphtheria, tetanus, and pertussis (DTP), tuberculosis (BCG), polio, and measles. One month later, the second dose of DTP and polio can be given, and the third dose of the same vaccines can be given a month later.

*You don't have to keep measles vaccine to be

the last resort. As long as the baby is 9 months old, he can get the measles vaccine.

13. "I don't think I will continue to visit the clinic for immunization because the last time I visited there, I wasted the whole day!"

This mother may have been delayed, but wasting "a whole day" may be far from the truth. But it is true that mothers may wait too long in some clinics to have their babies immunized. Health officials recognize this problem and recommend the following guidelines to health workers:

- Be prompt, so that mothers can go home on time.
- Register and administer the vaccines strictly on "first come, first served" basis. Your acquaintances should take their turns like everyone else.
- Do not chat with colleagues and friends while mothers wait.
- During screening and checking of vaccination cards, do not make mothers look stupid, ignorant, or careless. Be supportive if a mother forgets or loses her card.
- Admonition should be friendly. Always avoid unpleasant remarks.

14. "I know the nurse is trying to do a good job, but the health talks are a bit boring after hearing them several times without end."

Health talks contain information that is extremely important for the families health. However, health officials realized that in the past, some health talks have been too long or difficult for mothers to understand. As a result, health officials offer some suggestions to health workers to make the talks more interesting and effective. Some messages are repeated to emphasize their importance.

- Health talks should be short, to the point, and interesting.
- In giving information, remember that mothers are responsible adults who have been providing for families, even though they may be illiterates. Use local proverbs, idioms, even prayers to make health talks more interesting.
- Mothers have come to a health clinic not to a lecture hall. Make the health "talk" much more of a health "discussion." Encourage mothers to ask questions and to answer questions that other mothers raise.
- Let mothers comment, listen to their personal experiences, and let them realize that you also wish to learn from them.



15. "Some time ago, when I visited the clinic, I forgot my child's immunization card at home. The health worker was angry with me."

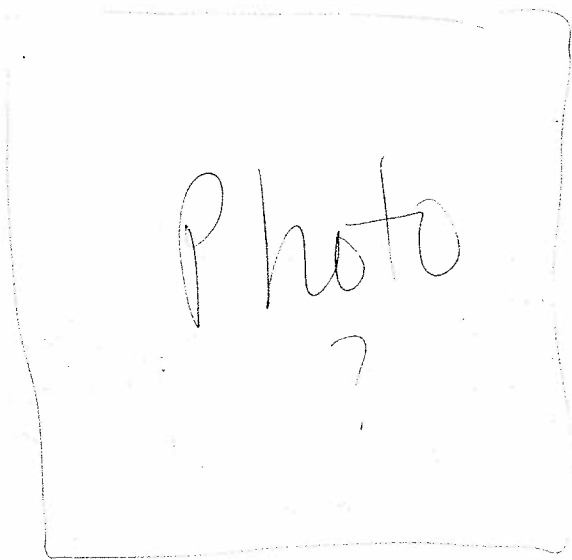
This health worker was probably just trying to show her concern and to do her job well. She wants to see that children are healthy and growing without any problem. But she should never embarrass or abuse a mother. She was probably expressing the importance of the child health card as an index of your child's health record.

- The card tells mothers and health workers:
- The immunization that the child has already received and the time he received it:
 - The date of the next appointment when immunization will be due and given; and

- Other important information about the child's health.

no change [

The mother needs to bring the card ~~on~~^{for} subsequent immunization visits, and ~~at~~ future contacts for medical treatment. The card may also be required for the child's admission into nursery and primary school in the future. Because the child health card is very important, mothers should be encouraged to keep it safe and clean, and to always bring it when they come to the clinic.



16. "I stopped bringing my child for immunization because my husband refused to support me with transport money."

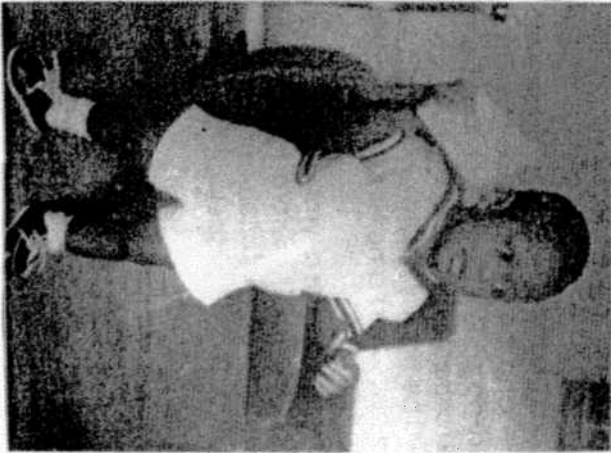
4 The responsibilities of caring for the child rest on both the father and the mother. The innocent child depends on both of them for security, growth, and development. Protection against diseases through immunization is every child's birth right just as the provision of food, shelter, clothing, care, and education.

If you remind ~~the~~ daddy of his role as stated above and he still does nothing about it, you should do all in your power to set some money aside for transportation for the sake of your child. You will be happy in future you did, because you would have had a healthy and happy child.

Immunization is a symbol of parental care and love for children. Therefore, fathers should give all support; moral, material, and financial, to their wives in order to get their children immunized.

17. "I have already brought my baby for three immunization visits. Isn't that enough to protect him?"

Unless the baby started the immunization series when he was much older than recommended, three visits cannot be enough. For babies who follow the recommended schedule immediately after birth, complete protection from vaccine-preventable diseases requires five visits to the health centre. Babies immunized at the ages recommended in the schedule have minimal risk of being unprotected if exposed to any of the vaccine-preventable diseases.



18. "Why do the health workers give me the tetanus toxoid injection when they say it is for the protection of the baby?"

When the baby is in the mother's womb, it lives on the mother's feeding and breathing through the mother. Many things that affect the mother during pregnancy affect the baby also. Therefore, the tetanus toxoid vaccine given to the mother protects her from this terrible disease and also protects her newborn baby (during the period of protection), since the mother's protection is passed on to the baby through the mother's blood.

Nigeria's EPI policy now recommends that women receive five properly spaced tetanus toxoid injection to ensure full protection for her and her babies throughout her childbearing years. The following chart summarizes the tetanus schedule for women:

DOSE	TIMING	DURATION OF PROTECTION
TT1	At the first contact with a woman of childbearing age	none
TT2	At least four weeks after TT1	3 years
TT3	At least six months after TT2	5 years
TT4	At least a year after TT3	10 years
TT5	At least a year after TT4	Throughout the childbearing years

Only required change

**Abbreviations Commonly Used
in Nigeria's Immunization Programme**

- BCG Bacillus Calmette-Guerin, the vaccine against tuberculosis
- CCCD Combatting Childhood Communicable Diseases project
- CEU (State) Continuing Education Unit
- CHEW Community Health Extensions Worker
- CLEAR:
 - C-Communicate clearly.
 - L-Listen carefully
 - E-Encourage and praise
 - A-Acknowledge feelings.
 - R-Repeat, summarise and ask for feed back.
- COSAS Coverage Survey Analysis System Software
- DPT Diphtheria-Pertussis-Tetanus vaccine
- DPT1
- DPT2
- DPT3
- DT Diphtheria-Tetanus vaccine
- EPI Expanded Programme on Immunization
- FIC Fully Immunized Child (completed the entire series scheduled for the first year of life)
- FMOH/SS Federal Ministry of Health and Social Services

GATHER:

- G-Greet.
- A -Ask the mother about herself and purpose of visit.
- T-Tell her what will happen during the visit.
- H-Help her to understand and make right decisions.
- E-Explain follow-up care or instructions.
- R-Refer or tell her when to return.
- LGA Local Government Area
- M&E Monitoring and Evaluation
- NID National Immunization Day
- NNT Neonatal Tetanus (or NT)
- OPV Oral Polio Vaccine
- OPV0
- OPV1
- OPV2
- OPV3
- REACH Resources for Child Health Project.
- SMOH/SW State Ministry of Health and Social Welfare
- TB Tuberculosis
- TOT Training of Trainers.
- TT Tetanus Toxoid vaccine
- UCI Universal Childhood Immunization (80% coverage target for 1990).
- UNICEF United Nations Children's Fund
- USAID United States Agency for International Development
- WHO World Health Organization