

Delayed Childhood Vaccination in the Urban Poor Settlements of Nairobi, Kenya: An Examination of the Role of Behavioral and Social Factors

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Background

Disruptions resulting from the COVID-19 pandemic have contributed to a reduction in the global childhood immunization coverage (1)

Children in slums are at higher risk of missing out on vaccination. In Kenya, timely immunization coverage in urban poor settlements remains below 50% (2)

Timely vaccination is crucial in maintaining population immunity against vaccine-preventable disease outbreaks (3)

Exploring context specific reasons for delayed vaccinations facilitates the identification and development of tailored interventions to improve vaccination uptake

Objectives

This qualitative study explored the behavioural and social factors that influence timely childhood vaccination uptake in the urban poor settlements of Nairobi, Kenya



A photo depicting an urban poor settlement in Nairobi

Methods

Five focus group discussions (FGDs) were conducted with purposively sampled caregivers of children under five years of age residing in four urban slums in Nairobi, Kenya

Each FGD involved face-to-face discussions with groups of seven to nine female and male caregivers using an open-ended FGD guide

The development of the FGD guide was based on the Theory of Planned Behavior and prior literature review

The FGDs were audio-recorded and transcribed. An iterative approach guided by the tenets of grounded theory was used in the analysis

Results

A total of 39 respondents participated in the FGDs. The median age for the participants was 29 years (range 20–52 years). There were eight emerging themes

Emerging themes

Theme	Description	Sample quote
Role of behavioral beliefs	Participants had basic knowledge on benefits, effectiveness and side effects of vaccines. Religious and cultural beliefs contributed to vaccination delays	“So there is a way when they are thrown for those things, there is a way you are supposed to treat with traditional medicine,....if they are injected like this, it is a fact they die, we have seen” (Male FGD)
Role of emotional affect factors	Parental love highlighted as a powerful positive attitude. Fear and anxiety perceived to arise from inadequate information	“This is because I love my child so much, I love my family life, I don't want them to get these diseases” (Female FGD)
Subjective norms and social support	Family members, friends, and neighbours are influential in vaccination decisions. There were varying levels of support in the vaccination process from spouses	“Mostly you know, we don't know what is written in those books, the mother knows what is written ” (Male FGD)
Behavioral control factors	Caregivers’ self-control influenced by competing work demands and past experience	“Today it's a clinic day, and then someone tells you I have some work you can do for me, and you have nothing in the house, you say let me do work first” (Female FGD)
Gender equity factors	Mother’s ability to make vaccination decision limited by a lack of autonomy on financial matters	“That day you have told him he'll tell you yes, but when that date comes....he goes and misses, what is he going to do, they will tell you to take them some other day” (Female FGD)
Practical factors	Accessibility, affordability, ease of access to health services and healthcare providers’ attitude influence timely vaccination	“Others, your child is probably underweight, they say you will go and be shouted down by a doctor, so you're afraid” (Female FGD).
Fear of social judgement	Fear of being seen as neglectful parents when children were underweight, untidy or not conforming to dressing etiquette	“...when you get there, they start saying you don't give the baby food, such things, like that you see” (Female FGD)
Information sources	Information provided perceived to be inadequate. Male caregivers reported feeling left out and uninformed about vaccination	“When the woman takes the child to get vaccinated, she's told she's gone for a nine-month injection, that's what, that's nothing, that's not information” (Male FGD)

Conclusions

- Findings underscore the importance of addressing vaccine safety concerns, gender-based barriers, information gaps and healthcare provider attitude to improve vaccination uptake in underprivileged populations
- Interventions are needed to increase caregiver awareness, enhance male involvement, and strengthen relationships between caregivers and healthcare providers to improve vaccination uptake and timeliness

Acknowledgements



References

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