

Community solutions to overcome barriers to vaccination: Using Photovoice to improve immunization uptake

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MOMENTUM Routine Immunization Transformation and Equity Project

BACKGROUND

In low- and middle-income countries (LMICs), there are communities that have never received routine immunization because they lack access to vaccination services. In 2021, more than 25 million infants were under- or unvaccinated ('zero-dose'). Zero-dose refers to children who have not received any vaccinations and is estimated based on the number of children who have not received any doses of one pentavalent/DTP vaccine.

These children tend to live in communities that are at heightened risk of infectious disease outbreaks, exacerbated by the COVID-19 pandemic-associated disruptions (1).

The USAID-supported MOMENTUM (Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health) Routine Immunization Transformation and Equity project (the project) aims to engage directly with communities to co-create solutions and strengthen routine immunization programs and overcome the entrenched obstacles contributing to stagnating and declining immunization rates and barriers to reaching zero-dose and under-immunized children with life-saving vaccines in LMICs.

In Kenya, the project conducts, from January-September 2023, a series of interactive photovoice sessions with community leaders, caregivers, and frontline health workers to seek their inputs to identify and implement locally proposed solutions to reach and increase utilization of immunization services among zero-dose and under-vaccinated children and communities.

SPECIFIC AIMS & OBJECTIVES

One of the techniques used during these sessions is Photovoice, a visual qualitative method used in community-based participatory research to capture perspectives from community members. In Kenya, the project's aim was to use Photovoice with community leaders, caregivers, and frontline health workers to develop strategies to address identified challenges and gaps reaching zero-dose and under-immunized children. Photovoice has shown to yield insight into the potential solutions for addressing uptake of health services, including immunization (2).

This poster presents findings to date (January-May 2023) from Kenya highlighting context-specific obstacles and enablers which provide insights into some of the current challenges for immunization in zero-dose and under-immunized communities.

PHOTOS



Photo 1: from a participant in Western Kenya: "This is the process of brewing alcohol.... women in this village do the alcohol business (i.e. working to earn a living, a business that presents a schedule conflict that is a barrier to taking the child for vaccination). So instead of remembering to take their children for immunization, they are (have to be) busy making the alcohol."

Photo 2: from a participant in Western Kenya this photo was shared: "There is an increase in the number of teen pregnancies. So, you find that many babies are not taken for immunization because they are left under the care of other children in the homestead who have no (little) idea about immunization clinics."

Photo 3: The village of Chuowe in Western Kenya suffers uncontrolled and rampant sand harvesting. In this photo, sand harvesting has been done around a grave resulting in what the participant refers to as the 'hanging grave.' The people in this community have great respect for the dead, but the uncontrolled sand harvesting scandalizes this respect. Because of this disrespect for the dead here, some in the community believe that this place is haunted by the spirit of the dead, yet the only road to the health facility passes through this area. The fear by some in using the supposedly haunted part of the road is captured as a barrier to seeking health services (including immunization) for those who must use this section of the road. In the participant's words [Photo3]: "...when someone wanted to go through this road, sometimes some people have fear. Maybe it is a woman who is carrying a child, sometimes she has some spirits that when she sees something like this scares her. Still, she has to pass through this road, so when she thinks about going to see a floating grave, she will get scared (giggles)."

Photo 4: from a participant in Western Kenya this photo was shared: "The river has burst to the extent that it has flooded people's homesteads... women have put their minds to how they can relocate to other grounds and relocate their property rather than (as opposed to) taking their children for immunization."

METHODS

The project, through purposive sampling, conducted a series of interactive in-person sessions with 4 categories of participants: community leaders, caregivers (male and female), and frontline health workers in Kenya to identify and implement locally proposed solutions to reach and increase use of immunization services among zero-dose and under-vaccinated children and communities. The project provided disposable cameras and trained participants in their use. Participants across 3 sessions, first capture then in the next two share their points of view from the scenes photographed in their community. The research team provided support to those taking pictures, and protected people's privacy by ensuring that pictures did not identify people or settings directly, including, where possible, the communities participants live in. The team obtained community members' and session participants' consent for photos through a signed consent form and excluded photos that were too clearly identifiable to protect subjects' safety and privacy (3). Minors are excluded from the study and the copyright is owned exclusively by the participants.

Data collection & study participants: 16 participants were involved in taking photographs in Homabay (4 frontline health workers; 4 female caregivers; 4 male caregivers; and 4 community leaders involved in immunization) and 8 in Vihiga (2 of each of the category of participants). In-depth interviews (IDI) and focus group discussions (8) were conducted in the next session with the photo-takers, discussing what was captured in the photos and the meaning they held for participants regarding barriers to vaccination. Discussion in the sessions are underway to highlight solutions to obtaining immunization services. By continuing to work with participants to identify barriers and enablers, this will help translate solutions into action. Participants have highlighted themes of interest that the research team presented during the sessions that include economic responsibilities of the caregiver, teenage pregnancy as linked to uptake of immunization services, and economic activity tied environmental risk (see Photos).

Ethical approval was obtained from the John Snow Inc. (JSI) Institutional Review Board & submitted to the AMREF Ethics and Scientific Review Committee (ESRC) and National Commission for Science, Technology and Innovation (Nacosti), Kenya.

RESULTS

Language matters, the concept and use of the term zero-dose was introduced in 2020 and relatively new in immunization service delivery, especially at country level where commitments have been made to immunize these target groups. Preliminary findings have shown that the term 'zero-dose' or under-immunised overlaps with the perception by health workers that it is the caregivers fault for not seeking immunization services and does not take into account the challenges and hardships communities, caregivers, and health workers face to support immunization services. Common barriers in both Vihiga and Homa Bay counties include a difficult terrain and inaccessible roads, poverty and the pressures of earning a living competing with taking children for vaccination, religious beliefs that are against vaccination, and loss of or unfilled antenatal care booklets by health providers. Barriers unique to Vihiga include: caregivers' mental health challenges and high use of alcohol (alcoholism). While, barriers unique to Homabay include: ravages of constant flooding, teenage motherhood, and as a result of their limited knowledge in childcare impacting immunization.

To date, participants and stakeholders showed interest in Photovoice as a community-based participatory approach to solution generation for increasing coverage and equity across a lifespan of support.

Risks to the research included protests that disrupted the research in Western Kenya. The project is expected to be completed in 2023.

CONCLUSIONS

Tackling challenges in vaccinating zero-dose and under-immunised children requires a community-based and localized understanding of the challenges and then works with participants towards solution generation. As the project work goes on, we will use adaptive learning to inform immunization programs and policy to be inclusive of zero-dose and under-immunized children and their families. The project will continue to use co-creation approaches that help participants in these sessions to identify enablers to achieve increasing levels of equity and coverage in immunization across different countries and typologies.

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