

Awareness, Perception to Immunisation Reminders and Recall among Caregivers of Infants in Abakaliki, Southeast Nigeria

Abstract

Background: Effective vaccination communication with parents is critical in efforts to overcome barriers to childhood vaccination, tackle vaccine hesitancy and improve vaccination coverage. Health workers should be able to provide information to caregivers and support them in decision making about vaccinating their children. Limited information exists regarding the awareness, perceptions to childhood immunisation reminders and recall system in Abakaliki. This study therefore assessed the awareness, perceptions of caregivers to childhood immunisation reminders and recall system in improving immunisation coverage in Abakaliki.

Materials and Methods: A descriptive analytical study design comparing two large health facilities (Mile-Four and St.Vincent Hospitals) in rural areas of Ebonyi State was used for the survey. Sample size was determined using the formula for comparing two proportions. Data were collected using semi-structured interviewer administered questionnaire from 145 caregiver-child pair from each group. Statistical Package for Social Science (SPSS) version 22 was used for analysis. Ethical approval was obtained from the Research and Ethics Committee (REC) of the Federal Teaching Hospital Abakaliki (FETHA), Nigeria.

Results: The mean age of respondents in Mile-Four and St.Vincent hospitals were 26.6 ± 4.9 years and 27.1 ± 4.2 years respectively. Higher proportion of caregivers in Mile-Four group (18.6%) than in St.Vincent group (14.5%) had ever heard of immunisation reminders and recalls prior to this study. Similarly, only 8.3% of caregivers in Mile-Four and 4.8% in St.Vincent had ever been reminded and/or recalled on the course of their children's immunisation uptake. A comparable proportion of respondents in Mile-Four (93.1%) and St.Vincent (94.5%) perceived reminders and recalls very important. There was significant relationship between respondent's marital and educational status and positive perception about immunisation reminders and recalls in Mile-Four and respondent's age and marital status and positive perception about immunisation reminders and recalls in St.Vincent ($p < 0.05$).

Conclusion: Respondents' awareness was low but positive perception to reminders and recall was found. It is pertinent for health policy makers and programme managers to understand these factors when implementing immunisation communication system.

Keywords: Awareness, perception, phone reminders and recall, immunisation uptake,

Abakaliki

Introduction:

Poor compliance to immunisation schedules and completion of recommended vaccinations limit the effectiveness of vaccination¹. Globally, about 22 million infants are not fully immunised with routine vaccines and more than 1.5 million children less than five years of age die from vaccine preventable diseases² Immunisation reminder and recall systems are

45 cost-effective methods whereby infants are reminded of future immunisation appointments or
46 those who had come for vaccination but fail to continue or come for subsequent vaccinations
47 are identified and contacted to come to the immunisation clinic or physician's office for its
48 completion. They are effective in improving adherence to recommended immunisation
49 schedules³⁻⁷ However, caregivers' level of awareness, perception to this system in the study
50 area is not known. Therefore this study assessed the level of awareness, perception to
51 immunisation reminders and recalls in Abakaliki.

52 **Materials and Methods**

53 A descriptive analytical study design comparing two large health facilities (Mile-Four and
54 St.Vincent Hospitals) in Abakaliki was used for the survey. The study population comprised
55 mothers/caregivers accessing childhood immunisation services at those facilities. Sample size
56 was determined using the formula for comparing two proportions^{8,9}. Consent was obtained
57 from respondents after which data were collected using semi-structured interviewer
58 administered questionnaire from 145 caregiver-child pair from each group selected using
59 systematic random sampling technique. Statistical Package for Social Science (SPSS) version
60 22 was used for analysis. Chi-squared test was used for association with significance level set
61 at $p < 0.05$ and confidence level at 95%. Associations between socio-demographic variables
62 and immunisation reminders and recall awareness, perception were determined.

63 Ethical approval was obtained from the Research and Ethics Committee (REC) of the Federal
64 Teaching Hospital Abakaliki (FETHA), Ebonyi State, Nigeria. Permission was also obtained
65 from the management of both Mile-four and St.Vincent hospitals. Informed consent was
66 obtained from the parents/caregivers after full explanation of purpose of the study to them.
67 Only those parents/caregivers who gave their consent by signing the informed consent form
68 participated in the study.

69 **Results**

70 The mean age of respondents in Mile-Four and St.Vincent hospitals were 26.6 ± 4.9 years and
71 27.1 ± 4.2 years respectively. Table 2 showed that higher proportion of caregivers in Mile-
72 Four group (18.6%) than in St.Vincent group (14.5%) had ever heard of immunisation
73 reminders and recalls prior to this study. The difference in their proportion was not
74 statistically significant ($p=0.34$). Similarly, only 8.3% of caregivers in Mile-Four and 4.8% in
75 St.Vincent had ever been reminded and/or recalled on the course of their children's
76 immunisation uptake. The proportions who had ever been reminded of or recalled in the two
77 groups showed no significant difference ($p=0.23$).

78 Most of the caregivers perceived the clinic environment, long waiting times and health
 79 worker attitudes as barriers to receiving vaccination information. Table 3 showed that
 80 comparable proportion of respondents in Mile-Four (93.1%) and St.Vincent (94.5%)
 81 perceived reminders very important/necessary, while 93.1% (Mile-Four group) and 89.7%
 82 (St.Vincent group) perceived recalls very necessary. There was no significant difference in
 83 their perception ($p>0.05$).

84 There was significant relationship between respondent's marital, educational status and
 85 positive perception about immunisation reminders and recalls in Mile-Four and respondent's
 86 age, marital status and positive perception about immunisation reminders and recalls in
 87 St.Vincent.

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89 **Table 1: Socio-demographic characteristics of respondents in the study and control**
 90 **groups**

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| Variables | Mile-Four (n=145) Freq. (%) | St.Vincent (n=145) Freq. (%) | χ^2 | p-value |
|--------------------------|-----------------------------------|------------------------------------|-----------|---------|
| Sex | | | | |
| Male | 5 (3.4) | 4 (2.8) | FT | 0.73 |
| Female | 140 (96.6) | 141 (97.2) | | |
| Age group (years) | | | | |
| 15-19 | 11 (7.6) | 9 (6.2) | 6.38 | 0.16 |
| 20-24 | 50 (34.5) | 37 (25.5) | | |
| 25-29 | 48 (33.1) | 68 (46.9) | | |
| 30-39 | 36 (24.8) | 31 (21.4) | | |
| Marital status | | | | |
| Married | 137 (94.5) | 134 (92.4) | 2.44 | 0.69 |
| Single | 8 (5.5) | 11 (7.5) | | |
| Education | | | | |
| Primary | 10 (6.8) | 17 (11.7) | 3.67 | 0.15 |
| Secondary | 88 (60.7) | 93 (64.1) | | |
| Tertiary | 47 (32.4) | 35 (24.1) | | |
| Employment | | | | |
| Paid employment | 25 (17.2) | 21 (14.5) | 2.75 | 0.25 |
| Self employment | 56 (38.6) | 70 (48.3) | | |
| Unemployed | 64 (44.1) | 54 (37.2) | | |
| Religion | | | | |
| Christianity | 142 (97.9) | 143 (98.6) | FT | 1.00 |
| Others | 3 (2.1) | 2 (1.4) | | |

92 **FT= Fisher's exact test**

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96 **Table 2: Respondents' awareness and usage of immunisation reminders and recalls**

| Variables | Mile-four group (n=145) Freq. (%) | St.Vincent group (n=145) Freq. (%) | χ^2 | (p-value) |
|--|---|--|----------|-----------|
| Ever heard of reminders and recalls | | | | |
| Yes | 27 (18.6) | 21 (14.5) | 0.89 | 0.34 |
| No | 118 (81.4) | 124 (85.5) | | |
| Ever been reminded or recalled by health worker | | | | |
| Yes | 12 (8.3) | 7 (4.8) | 1.40 | 0.23 |
| No | 133 (91.7) | 138 (95.2) | | |

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99 **Table 3: Respondents' perception to immunisation reminders and recalls**

| Variables | Mile-Four group (n=145) Freq. (%) Yes | St. Vincent group (n=145) Freq. (%) Yes | χ^2 | (p-value) |
|---|--|--|----------|-----------|
| Perception to Immunisation reminders | | | | |
| Necessary | 135 (93.1) | 137 (94.5) | 0.23 | (0.62) |
| Not necessary | 10 (6.9) | 8 (5.5) | | |
| Perception to Immunisation Recalls | | | | |
| Necessary | 135 (93.1) | 130 (89.7) | 1.09 | (0.29) |
| Not necessary | 10 (6.9) | 15 (10.3) | | |

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103 **Table 4: Within group relationship between socio-demographics and perception to**
 104 **reminders and recalls in both groups.**

| Variable | Mile-four group (n=145) | | | | St.Vinxcent group (n=145) | | | |
|------------------------|-------------------------------------|----------|---------------------|--------------------|-------------------------------------|-----------|-----|--------------------|
| | Perception to reminders and recalls | | | χ^2 (p-value) | Perception to reminders and recalls | | | χ^2 (p-value) |
| Necessary Freq. (%) | Not necessary Freq. (%) | Total | Necessary Freq. (%) | | Not necessary Freq. (%) | Total | | |
| Gender | | | | | | | | |
| Male | 5 (100.0) | 0 (0.0) | 5 | FT (1.00) | 8 (100.0) | 0 | 8 | FT (1.00) |
| Female | 130(92.9) | 10 (7.1) | 140 | | 121(88.3) | 16 (11.7) | 137 | |
| Age group (yrs) | | | | | | | | |
| 15-19 | 9 (81.8) | 2(18.2) | 11 | 6.95 | 5 (55.5) | 4 (44.5) | 9 | 9.84 |

| | | | | | | | | |
|---------------------------|-----------|----------|-----|--------------|-----------|-----------|-----|---------------|
| | | | | (0.07) | | | | (0.02)* |
| 20-24 | 49 (94.2) | 3 (5.8) | 52 | | 31 (83.8) | 6 (16.2) | 37 | |
| 25-29 | 46 (95.8) | 2 (4.2) | 48 | | 56(82.4) | 12 (17.6) | 68 | |
| 30-39 | 31 (86.1) | 5 (13.9) | 36 | | 22 (70.9) | 9 (29.1) | 31 | |
| Marital status | | | | | | | | |
| Single | 5(62.5) | 3 (37.5) | 8 | 14.64(0.01)* | 14 (63.6) | 8 (36.4) | 22 | 14.30(<0.01)* |
| Married | 130(94.9) | 7 (5.1) | 137 | | 111(90.2) | 12 (9.8) | 123 | |
| Educational status | | | | | | | | |
| Primary | 7 (70.0) | 3 (30.0) | 10 | 7.35 (0.02)* | 10 (71.4) | 4 (28.6) | 14 | 3.63 (0.13) |
| Secondary | 80 (90.9) | 8 (9.1) | 88 | | 72(88.9) | 9 (11.1) | 81 | |
| Tertiary | 41 (87.2) | 6 (12.8) | 47 | | 43 (86.0) | 7 (14.0) | 50 | |
| Employment status | | | | | | | | |
| Paid employment | 21 (84.0) | 4 (16.0) | 25 | 4.28 (0.10) | 37 (88.1) | 5 (11.9) | 42 | 3.16 (0.20) |
| Self employed | 49 (87.5) | 7 (12.5) | 56 | | 30(75.0) | 10 (25.0) | 40 | |
| Unemployed | 61 (95.3) | 3 (4.7) | 64 | | 57(90.5) | 6 (9.5) | 63 | |
| Religion | | | | | | | | |
| Christianity | 132(92.9) | 10 (7.1) | 142 | FT (1.00) | 27(98.5) | 16(100.0) | 286 | FT (1.00) |
| Others | 3 (100.0) | 0 (0.0) | 3 | | 4 (1.5) | 0 (0.0) | 4 | |

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106 In Table 4 above: the response was analysed using the perception question-“what do you
107 think about parents/caregivers being reminded of their children’s immunisation appointments
108 before the date”?

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110 Discussion

111 Higher proportion of caregivers in Mile-Four group than in St.Vincent group had ever heard
112 of immunisation reminders and recalls prior to this study. Similarly, lower proportion of
113 caregivers in Mile-Four and in St.Vincent had ever been reminded and/or recalled on the
114 course of their children’s immunisation uptake for improved immunisation coverage. This
115 finding perhaps may have contributed to the large proportion of missed immunisations in the
116 study groups¹⁰.

117 This finding is higher than that reported in Ibadan, Nigeria where only 3.9% had ever heard
118 of immunisation reminder and recall and 1.5% had ever received one¹¹. Comparably a higher
119 proportion of female caregivers in the Mile-Four group and St.Vincent group were aware of
120 immunisation reminders and recalls than the male caregivers. The difference in the awareness
121 of this reminders and recalls between the male and female caregivers may be due to the fact
122 that women are mostly involved in immunisation of their children and are such more
123 concerned with information regarding childhood immunisation¹⁰. The higher level of
124 awareness among the female caregivers would invariably lead to improved childhood

125 immunisation¹⁰. It is however lower than the findings in Lagos University Teaching Hospital
126 (LUTH), Nigeria where 43% had ever received a health-related reminder from their global
127 system for mobile communication. (GSM) provider while 52% had ever received one from an
128 individual/organisation providing medical services¹⁰. That may be due to the fact that Lagos
129 is a more cosmopolitan city than Abakaliki with higher literacy level. It may also be
130 explained by the fact that there are many other awareness programmes through use of
131 electronic media in Lagos.

132 In a study by UNICEF, about ninety five percent (95.6%) of the respondents believed that
133 adherence to immunisation schedule is important. Despite large proportion of respondents
134 (60.9%) being of the opinion that mothers should not forget their children's immunisation
135 appointments, significantly high proportion (92.8%) still believed it is important that parents
136 are reminded of their children immunisation before the appointment day. Almost all the
137 caregivers (98.7%) perceived immunisation reminders helpful in adhering to their children
138 immunisation schedules¹². The perception of the mothers in that study demonstrated their
139 support for childhood immunisation because over half of them were of the opinion that
140 mothers should not forget their children immunisation appointment days. Despite that, they
141 still supported the use of immunisation reminder and recall. Sixty seven percent preferred
142 telephone reminders to SMS and 69% perceived reminders to be very beneficial¹⁰.

143 In this study, comparable proportion of the respondents perceived immunisation reminders
144 and recalls necessary. The respondents believed that immunisation reminders and recalls are
145 veritable tools that would help caregivers to remember appointment date of their children,
146 thus improving immunisation coverage. There was significant relationship between
147 respondent's marital, educational status and positive perception about immunisation
148 reminders and recalls in Mile-Four and also between respondent's age, marital status and
149 positive perception about immunisation reminders and recalls in St.Vincent. The married
150 state of caregivers appeared to be a promoter of immunisation uptake in this study. This is
151 because married couples are much more concerned about immunisation of their children than
152 the single or social mother. These findings are comparable to a study in Ibadan where 92.8%
153 mothers believed that it is important that parents be reminded of their children's
154 immunisation before the appointment day¹³ and reports by UNICEF where almost all the
155 mothers (98.7%) perceived immunisation reminders helpful to mothers in adhering to their
156 children's immunisation schedules¹². This is believed to be due to the increasing quest for
157 higher education and enlightenment on the importance of childhood immunisation among

158 women in the area and repeated immunisation campaign by government agencies and non-
159 governmental organisations even in the rural areas of the state.

160 It is however higher than the finding from Lagos where 69% perceived reminders to be very
161 beneficial¹⁰ and that in Kansas, USA where 35% of respondents perceived cell phone use
162 among their patients necessary¹⁴. It is expected that higher proportion of respondents in these
163 Lagos and Kansas studies would perceive immunisation reminders and recall very important
164 owing to high level of literacy and awareness of importance of immunisation reminders and
165 recalls when compared with the findings of this present study in Abakaliki where literacy
166 level and awareness are lower. The way immunisation reminders and recalls are perceived by
167 caregivers affects the outcome of immunisation uptake¹⁰.

168 **Conclusion**

169 There was higher awareness of immunisation reminders and recall in Mile-Four than
170 St.Vincent. Comparable proportion of caregivers in both groups perceived immunisation
171 reminders and recalls as necessary. It is pertinent for health policy makers and programme
172 managers to understand these factors when implementing immunisation communication
173 system.

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