QUALITATIVE RESEARCH AND TRAINING
FOR THE DEVELOPMENT OF
A KYRGYZSTAN NATIONAL IMMUNIZATION
COMMUNICATION/BEHAVIOR CHANGE STRATEGY

November 1 - December 1, 1994

Nancy Keith

BASICS Technical Directive: 000-KG-00-012
USAID Contract Number: HRN-6006-C-00-3031-00
ACKNOWLEDGMENTS

The team wishes to thank both our Kyrgyz colleagues at the ministry level who worked very hard to make this effort a success, and our colleagues and friends in the regional (oblast) and district (raion) centers we visited who welcomed us warmly and whose dedication to providing quality health care to the people they serve was clear.
# TABLE OF CONTENTS

ACRONYMS

EXECUTIVE SUMMARY ................................................................. 1

I. PURPOSE .................................................................................. 7
Roles of Consultants ..................................................................... 7

II. BACKGROUND .......................................................................... 7

III. TRIP ACTIVITIES .................................................................... 8
Preparation for the Formative Research ....................................... 8
The Training for the Formative Research ..................................... 8
Conducting the Research ......................................................... 8
Analysis and Final Report ......................................................... 8
The National Seminar and Other Public Relations Activities .............. 8
The Research Design .................................................................. 9
   Sites .................................................................................. 9
   Methods ............................................................................. 9
   Instruments ........................................................................ 10
   Researcher Roles and Schedule ............................................. 10

IV. RESULTS AND CONCLUSIONS ................................................. 11
A. Findings from In-depth Interviews and Focus Groups with Mothers ...... 11
   1. Focus groups of mothers with only one child aged 0-12 months .... 11
   2. Interviews with mothers with four or more children ............... 15
   3. Interviews with mothers of children aged 12 - 24 months who had measles or who were vaccinated late ....................... 16
B. The Findings from the In-depth Interviews of Medical Personnel .......... 17

V. RECOMMENDATIONS FOR A COMMUNICATIONS STRATEGY ............. 21

APPENDICES

APPENDIX A: COPIES OF RESEARCHERS' REPORTS IN ENGLISH
APPENDIX B: INSTRUMENTS
**ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>BASICS</td>
<td>Basic Support for Institutionalizing Child Survival</td>
</tr>
<tr>
<td>DANIDA</td>
<td>Danish International Development Agency</td>
</tr>
<tr>
<td>FAP</td>
<td>Peripheral level health center</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education, and Communication</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NIS</td>
<td>Newly Independent States</td>
</tr>
<tr>
<td>REACH</td>
<td>Resources for Child Health Project</td>
</tr>
<tr>
<td>SUB</td>
<td>Raion level polyclinic</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

The purpose of the trip was to assist the Republican Center for Immunoprophylaxis, in cooperation with international agencies, to plan, train, implement, and analyze qualitative research investigating health care provider and caretaker knowledge, attitude, and practice in the area of immunization. This will lead to the development of a national communication/behavior change strategy for immunization.

Twelve Kyrgyz nationals (epidemiologists, pediatricians, sociologists and health educators) were trained to design and conduct focus groups and in-depth interviews with health care providers and mothers.

The research was conducted in the Chuisky and Jalalabad regions, visiting a sample of different levels of clinics in two districts in each region. At each center the following studies were conducted—

1. Focus groups with mothers of children aged 0-12 months, one group each of mothers with a high school education and only one child and mothers with a high school education and four or more children; and one group with mothers with higher education, no matter how many children they had (123 mothers in total).

2. In-depth interviews in the home with a sample of mothers of children aged 12 - 24 months who had not completed their primary vaccinations or who had contracted measles.

3. A total of 12 physicians and 14 nurses were interviewed.

4. A records review was done to identify children for the in-depth interview sample and to select the districts to be visited.

FINDINGS

Interviews with Mothers of Children Aged 0-24 Months

The main findings in focus groups with mothers were the following:

1. Mothers are positive about immunizations in general and want to have their children protected.

2. Mothers are afraid of diphtheria, measles, mumps and other immunizable diseases.
3. Mothers trust their medical personnel and generally follow their advice as to when to immunize. Women do not generally know the immunization schedule themselves and count on the medical staff to contact them, or come to their house to let them know when it is time to get the next shot.

4. Some mothers are aware of the “negative publicity” of several years ago initiated by Komsomolskaya Pravda, concerning the dangers of vaccines and the vulnerability of children in the former Soviet Union, and said they “began to be afraid” when that article came out.

5. Mothers think no child should be immunized when ill, because the “organism is weakened” or because “the shots won’t work because a sick child has low immunity.”

6. Mothers fear imported vaccines (especially Turkish) because they have been observed to cause more adverse reactions.

7. Children are considered weak (even weaker because of nuclear accidents), while vaccines are considered “potent.”

8. Many women are upset by seemingly normal side effects of shots, particularly since they have heard about or experienced “bad reactions” recently.

9. Mothers are aware of the danger of transmitting diseases by needles and some buy their own disposable syringes since they are seldom available at health centers.

10. Long lines are a complaint of most mothers who find that they have to get permission to miss work in order to wait in line for their child to be immunized.

11. Mothers want to know more about immunization and propose brochures to read while standing in lines and schedules to tack up in their kitchens.

12. Many mothers expressed frustration that they know so little about immunization and would like to assume more responsibility for making sure their children are immunized on time.

13. Mothers with four or more children tended to place more faith in the medical personnel and were less concerned with complications from immunization.
Interviews with Medical Personnel

Some of the main findings from interviews with medical personnel are the following—

1. All medical workers expressed a positive view toward immunization although a few had not vaccinated their own children.

2. Contraindications were found to be a major deterrent to timely vaccination. Health care providers feel responsible for the side effects and post-vaccination complications and prefer to err on the side of caution by issuing deferments to vaccination in order to “overinsure” themselves against possible complications.

3. Vaccines are seen as too powerful to be given to children who are ill or who have recently been ill because illness means that the child’s immune system is weakened. Introducing “strong” vaccines to a child in a weakened state could be dangerous for the child. The child needs to “increase his natural immunity,” it is thought, before being exposed to vaccines.

4. Children in the NIS are seen as having compromised immune systems because of the “ecological damage” to the area from nuclear accidents and tests.

5. Before exposing children to vaccines, many physicians would like verification by an immunologist that it is safe to vaccinate a child.

6. Although the government has adopted a new reduced list of contraindications, some medical personnel say they will find it hard to implement because they fear immunizing a child who is not healthy.

7. Health personnel said that coverage of children increased in 1994 because of the reduced list of contraindications.

8. Shortages of vaccine were reported in 1993 and is still a problem in some peripheral areas.

9. There is a general distrust of foreign vaccine (non-former Soviet Union) based on the observation that some vaccines (especially Turkish) produce particularly adverse reactions.

10. Providers are hesitant to open vials to vaccinate five or fewer children when they are provided with only 20 dose vials. The schedule in most clinics has been changed to allow large groups of children to be vaccinated on the same day with the same vaccine.
11. There is widespread concern about proper sterilization of needles due to the lack of sterilization equipment. There is widespread awareness of the potential to spread both hepatitis and AIDS.

12. Permanent and temporary migration are taking place due to economic conditions and political unrest in neighboring countries. This results in language barriers in the centers and mothers who do not have their children's records with them.

13. Staff shortages were mentioned as a problem in many areas, as well as the demoralization caused by the financial difficulties of being a medical professional in Kyrgyzstan now.

14. Lack of vehicles and gasoline has curtailed home visits and supervision.

15. Centers are not heated in the winter due to economic problems, so mothers hesitate to take their children for routine immunizations when they know they will have to stand in line and then undress the baby in the cold.

16. Providers said they would respond to published proof of the safety of vaccines used in combination, imported vaccines, vaccines given when the child is ill or has been ill recently, appropriate vaccination schedule, and true or false contraindications. Providers consider seminars and technical directives to be the most credible ways to disseminate medical information. Some mentioned the Society of Pediatricians.

17. Providers feel strongly that health education of the population must be done by the medical professionals, although some mentioned identifying educators to assist with this task.

18. Providers would welcome training and printed materials to support communication on immunization and other health topics.

**Seminar to Present Results**

A seminar was held on November 30, 1994, at the Republican Center for Immunoprophylaxis in which the preliminary results of the formative research were presented to chief epidemiologists and pediatricians of the regions. Also attending were representatives of UNDP, WHO, DANIDA, UNICEF, Project Manas, the Turkish International Cooperation Agency, and the United States Embassy. The seminar was opened by Naken Kasiev, the Minister of Health of Kyrgyzstan, and chaired by the Deputy Minister of Health, Victor Glinenko. The seminar was covered by the local media.
Some Recommendations for an Immunization Communication Strategy

1. Conduct a positive media campaign about immunization to counter the negative one of a few years ago.

2. Emphasize safety of vaccines, safety of needles, the new contraindications policy, and the importance of immunization as a public health measure.

3. Equip mothers to share responsibility in following child’s vaccine schedule by providing the schedule on a card to tack up in kitchen.

4. Conduct technical workshops with international experts on contraindications to lead the medical community to rethink contraindications.
I. PURPOSE

In cooperation with international agencies, the consultant provided technical assistance to the Republican Center for Immunoprophylaxis to plan, train, implement, and analyze qualitative research investigating health care provider and caretaker knowledge, attitudes, and practices in the area of immunization. This formative research will be the basis for the development of a national behavior change/communication strategy for immunization.

Roles of Consultants

Dr. Nancy Keith, BASICS technical officer for behavior change/communication, who traveled to Kyrgyzstan from November 1 - December 1, 1994, assisted in the planning of the research design, training, collection and analysis of the data, and preparation for the presentation of the data.

Raisa Scriabine, who was in Kyrgyzstan November 8 - December 4, 1994, assisted in all aspects of the formative research, and facilitated the planning and implementation of a national seminar to present and discuss preliminary findings and next steps. This seminar was a major public relations activity for the Republican Center for Immunoprophylaxis.

Dr. Elena Vitalevna Pervysheva, who traveled to Kyrgyzstan November 10 - 17, is a specialist for sociological research at Moscow University in the Division of Public Opinion Research, and served as a trainer for focus group moderators under the Academy for Educational Development's ROSCON project. Her assignment was to plan and conduct the focus group training component in Russian.

II. BACKGROUND

Kyrgyzstan achieved high immunization coverage during the 1980s, but recent economic and political changes have resulted in late vaccine delivery and other barriers to the timely immunization of children. In 1993, there was an outbreak of measles in several regions, and more recently there have been outbreaks of diphtheria and polio.

USAID support to the Government of Kyrgyzstan, the Ministry of Public Health, began in cooperation with the REACH project in 1992. REACH provided technical assistance on cold chain management, vaccine logistics, policy reform, plan development, and management strengthening. BASICS is now providing technical assistance in the area of behavior change/communication as one part of the implementation of the National Immunization Plan.

With technical assistance from BASICS, the Kyrgyzstan Ministry of Health designed, conducted, and analyzed formative research to inform the development of a national immunization strategy.
III. TRIP ACTIVITIES

Preparation for the Formative Research

Keith spent a week in Bishkek before the arrival of the other consultants to assist the Republican Center for Immunization identify its goals for the research and clarify the research questions. This work included defining the problem; interviewing key informants; assessing existing data on knowledge, attitudes, and practices of both health care providers and caretakers; and writing the instruments.

The Training for the Formative Research

The responsibility for the training was shared between the three consultants, with the leading responsibility for focus group training in Russian falling on Pervysheva. Participants were introduced to the principles of focus groups, techniques, supervised practice in the classroom, and finally, practice with real groups of local polyclinic mothers.

Conducting the Research

Two research teams spent approximately six days in the field traveling and gathering data. One team stayed in the Bishkek area and worked in the Chuiskaya region or oblast. The other team flew to Jalalabad (as the snow had already come to the mountains, prohibiting travel by road) and traveled from there through the countryside. After the completion of the data gathering phase, the team reconvened in Bishkek to analyze and prepare their findings for presentation at a national seminar.

Analysis and Final Report

Initial analysis began in the field and continued after the teams' return to Bishkek. Keith guided the researchers through the process of finding the main and deviant themes and identifying particularly representative or interesting quotes that reveal underlying belief systems. Since this process requires a longer time to complete than was possible, the team limited itself to preliminary analysis and presentation of the findings at a national seminar the same week.

The National Seminar and Other Public Relations Activities

The national seminar held at the newly created Republican Center for Immun prophylaxis, generated wide interest, with 59 participants, including key health officials from each region. Minister of Health Kasiev opened the seminar, speaking about the importance of immunization and emphasizing the contribution of USAID to the national program through REACH and BASICS. The United Nations resident coordinator and other local representatives of donor agencies spoke about their own interest in immunization and health care in Kyrgyzstan. The
United States Embassy was represented by Ms. Shawn Dorman, Third Secretary and Consular Officer. A written statement from Ms. Paula Feeney of USAID/Almaty was read in her absence.

At the request of Deputy Minister of Health Glinenko, the team provided technical guidance in public relations for the Republican Center for Immunoprophylaxis, especially in helping various development agencies to understand the center’s role and to support its activities. A chronology of events was prepared to describe the establishment of the center and its activities to date, which will be published and distributed by the ministry, along with a quarterly financial report, to relevant agencies. The ministry also took steps to assert its leadership of the Inter-agency Coordinating Committee for Immunization, in which it has not always been included in the past. A decree of the minister now ensures that meetings will be convened by the ministry, in a location of its choosing, with the director of the republican center in attendance.

**The Research Design**

The purpose of this research was to identify causes for the recent decline in vaccination coverage and to serve as a basis for the development of a national behavior change/communication strategy.

**Sites**

Two regions were selected based on the following criteria: urban/rural, north/south, high/low measles incidence in the 1993 outbreak. In each region, two districts were selected using the same criteria. In each district, a sample of two or three centers was visited, including some of each type of center (SUB, FAP, and polyclinic at regional and district levels).

**Methods**

At each site the following studies were conducted—

1) **A records review:** The team decided to focus on the criteria of incidence of measles during the 1993 outbreak in order to focus data collection. From the records review at the regional level, the two target districts were selected. In addition, two lists were compiled—

   a. children aged 12-24 months who had not yet completed their primary vaccinations (national policy decrees that the measles vaccination will be given at the age of 12 months)
   b. children aged 12 - 24 months who contracted measles

2) **In-depth interviews in the home and with women whose children had not completed immunizations and who had contracted measles:** In-depth interviews with women included a narrative description of what happened when the child was not vaccinated or when s/he came down with the measles; why it happened in the mother’s view; and how she felt about it. The rest of the interview assessed knowledge, attitudes, and practices.
3) An in-depth interview of the physician: This included questions on knowledge, attitudes, and practices related to immunization.

4) Focus groups of 8-10 women: The criteria for the selection of women for the focus groups were as follows—

<table>
<thead>
<tr>
<th>Mothers of only one child aged 0 - 12 months</th>
<th>Mothers with approximately a high school education</th>
<th>Mothers with some higher education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers with 4 or more children with one child aged 0 - 12 months</td>
<td>B</td>
<td>D</td>
</tr>
</tbody>
</table>

At each site at least one focus group of cell A, one of cell B, and one of either cell C or cell D were conducted. Some sites had many more mothers with a higher education; others had many mothers with more than four children.

As focus groups tend to give normative data, or what people ideally think they should do and why, the team attempted to obtain a representative sample of the women served by the center. The women were selected from the clinic records by the physician or nurse, who selected every third person on their list until they had filled the quota of 8 - 10 women in each cell. If they were unable to reach a mother or she could not come, they selected the next eligible woman on the list.

Instruments

The instruments (see appendix) used were as follows:

a. Guide for the records review and selection of sites  
b. Guide for the in-depth interview of the mother of the child who had measles  
c. Guide for the in-depth interview of the mother of the child who was vaccinated late  
d. Guide for the in-depth interview of the physician  
e. Guide for the in-depth interview of the nurse or other health worker  
f. Guide for the focus group discussion

Researcher Roles and Schedule

The research was conducted by 2 teams totaling 12 researchers: they included epidemiologists, physicians, sociologists, and health education practitioners (who in Kyrgyzstan, were first physicians). Each team consisted of one supervisor, one pair consisting of focus group
moderator and reporter, one pair of interviewers of medical personnel, and one extra person to conduct the records review and assist where needed.

One day was allowed for each site, with two days total allowed for travel between sites. Upon arrival at the site, the team conducted the data gathering roughly as follows:

<table>
<thead>
<tr>
<th>ORDER OF ACTIVITIES</th>
<th>SUPERVISOR</th>
<th>ASSISTANT</th>
<th>MEDICAL INTERVIEW PAIR</th>
<th>FOCUS GROUP PAIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST</td>
<td>courtesy calls with officials</td>
<td>as needed</td>
<td>select personnel</td>
<td>identify staff and set up</td>
</tr>
<tr>
<td>SECOND</td>
<td>records review</td>
<td>records review</td>
<td>interview 1</td>
<td>focus group 1</td>
</tr>
<tr>
<td>THIRD</td>
<td>select districts and sites</td>
<td>as needed</td>
<td>interview 2</td>
<td>analysis</td>
</tr>
<tr>
<td>FOURTH</td>
<td>identify purposeful sample of mothers to visit at home</td>
<td>as needed</td>
<td>interview 3 and/or analysis</td>
<td>focus group 2</td>
</tr>
<tr>
<td>FIFTH</td>
<td>conduct home visits</td>
<td>conduct home visits</td>
<td>analysis</td>
<td>analysis</td>
</tr>
<tr>
<td>SIXTH</td>
<td>analyze</td>
<td>analyze</td>
<td>analysis</td>
<td>focus group 3 and/or analysis</td>
</tr>
</tbody>
</table>

These roles were occasionally combined or switched depending on the combination of skills of the person. This grid was used to give the supervisors an idea of how to organize the activities.

IV. RESULTS AND CONCLUSIONS

A. Findings from In-depth Interviews and Focus Groups with Mothers

1. Focus groups of mothers with only one child aged 0-12 months

How the system works
Mothers are routinely called or visited at home by clinic staff when their child is due for another immunization, but most do not know the schedule themselves and are not given a card to take home. "The nurse comes to the house about 2-3 days in advance to say which day to come for the shot," or "The doctors call and tell me when the next shot is, usually 45 days in advance, and then they call again the day before." One woman said, "the doctors control all this." Mothers
seemed to be split on who should be responsible to make sure the child gets his shots. Most felt the responsibility was shared between the doctor and the mother, but that mothers “who don’t know” need to be informed by the medical personnel.

**Knowledge of immunization**
Most mothers understand the importance of immunization and want their children to be protected, although many were not sure which diseases their children had been immunized against. One mother expressed it this way, “They do immunization to develop immunity and a child will then not get sick.” Many mothers, especially the urban and more educated, want more information so that they can play a greater role in immunizing their children. Simple brochures or immunization schedules to post in the family’s kitchen were suggested.

**Attitudes towards immunization**
Mothers feel safer when their child has been immunized and is protected, “Vaccination will strengthen health and immunity,” and “It is better that a child not get sick.” Even a mother whose child had convulsions as a result of an immunization considered that, “You have to immunize children, in any case.” But there seemed to remain some scepticism that the immunizations really guarantee protection for the child, “There are more chances that the child will not get sick,” and “It is possible that the child will not get sick.” “I don’t know if it’s true or not but I hear that shots only work 50 percent of the time. So half of the injections don’t work or can weaken your system.”

Some mothers have a hard time seeing their child get the shot, and an even harder time waiting out the normal swelling or fever caused by the injection. They have “pity” for the child getting a shot and one mother said she could not even watch the injection. “It’s a psychological trauma for a child to get a shot.” Mothers may also experience fear about reactions and this makes the act of getting the shot more difficult for the mother.

Almost every group interviewed brought up the “negative publicity” published in the Komsomolskaya Pravda several years ago, in which an immunologist raised many questions about the safety of vaccines, mercury used as a preservative, the ability of children’s immune systems to handle the “dangerous” vaccines, etc.

Some women, in contrast, expressed dismay that mothers nowadays are upset about immunization. One woman said, “When we were young our mothers did not get upset about immunization; their children got immunized and we did not get sick!” Another added, “All countries give shots—so why shouldn’t we?”

**Immunizing when ill**
Most mothers incorrectly believe that their child should not be vaccinated when s/he has a minor illness. Mothers were asked what they would do if their child were ill and the doctor wanted to vaccinate. The majority said they would refuse to vaccinate until the child had recovered, but
when presented with the situation in which there was an outbreak of an illness, they changed
their position and said they would prefer to vaccinate and protect their child.

Mothers gave a number of reasons for not wanting to vaccinate a child who is ill:

1. “If he is sick he can’t have a shot. Then he will get the disease against which he is being
immunized. You can’t introduce another disease into a weakened organism.”
2. Having a shot “is an extra burden on the organism.”
3. “A shot will not work if the child is sick,” one woman explained. “He has low immunity
so the shots won’t work.”
4. “A child will have a worse reaction to the shot if the child is sick.”

Fear of vaccines
Mothers expressed fears about the quality of vaccines. They have noticed that since the Soviet
Union no longer provides the vaccines and the vaccines are imported from other countries their
children have higher fevers and more severe reactions to shots.

There is some fear of allergic reactions or neurological reactions to shots and some shots are
thought to cause neurological problems.

Children are weak and vaccines are powerful
There seems to be a general belief in this culture that the child is weak and needs protection.
Children have been further weakened, it is thought, by the nuclear bomb testing and nuclear
facility accidents. Although mothers generally want their children to get their immunizations on
time, they are hesitant when the child is ill or seen as “weak.” Said one mother, “The doctor is
right; I want my child to get shots on time. I fear my child won’t be protected without that. But I
am afraid to get shots if my child is weak.”

Vaccines are thought to be strong and dangerous because when one vaccinates, one is actually
introducing the “the illness” into the child’s body. A child who is ill or who has been ill, is
thought incapable of handling the dangerous vaccine and it will make the child even sicker.

Side effects
It was not entirely clear, but we wondered if normal fever and swelling from immunization
causd both health care providers and mothers undue concern. There was no way to verify
whether the fever and swelling observed by the health workers was unusually severe. One
mother describes a normal experience, “He took the shot well without complications. But, one
day he was weak.” Some cited reactions, fever, and many talked about the child being weak. A
few had hospitalized their children at the moment of immunization to observe the child’s
reactions carefully. One mother describes her experience, “He took the shot badly. He had
temperature up to 39 degrees, but the third shot was better. Then it was only up to 38 degrees. He
had swelling at the injection site.”
Although it was not explored in-depth, the focus groups suggested that as the child gets older, s/he will become stronger and will be more able to handle the vaccine; therefore it is better to delay the vaccination a few weeks or months.

Mothers and providers want children to be considered as individuals when it comes to immunization. One mother explained her frustration at the routine immunization without parental permission at school. The mother of a child who had a “reaction to a previous shot” said, “The nurse insisted in kindergarten that my son get a shot. I didn’t want it. I was afraid the nurse would give it to him anyway. The nurse didn’t know what the disease will do to my son. Nurses think that everyone should have shots. I was so afraid that they would immunize him that I stayed home from work and kept my child home from school.”

On the other hand, some women had no worries about adverse reactions, “All my children had no adverse reaction to shots. I had no fear of shots.”

**Concern about safety of needles**

Some mothers also expressed concern about the sterility of the needles and syringes. Hepatitis B has been spreading in many areas and mothers are aware with its possible relationship with dirty needles. Some mothers who can afford to are buying their own disposable needles and bringing them to the clinic. Some mothers expressed fear of AIDS transmission.

**Long lines and vaccine shortages**

Long lines are a problem for many women. One woman explained, “One is afraid to come late to work. It is necessary to ask permission to take time from work. I know that vaccination was once delayed for 15 days since there was no vaccine. We are told by doctors, we don’t have vaccine and have to come back again. This is hard. We have to stand in line again.”

**Trust in medical personnel**

Mothers generally put their trust in physicians and other health workers and the information they provide, and we had a hunch that training physicians to give new information could go a long way toward convincing mothers.

**Communication**

Most mothers would like to know more about vaccination. “We have information about shots that have already been given, but we have no information about shots that are going to be given in the future.”

When asked what information would convince them that shots were more beneficial than harmful, women suggested the following:

1. “Concrete examples of a child not getting sick as a result of the shots.”
2. “Show potential danger to a child from not getting shots.”
3. "Give real life examples. There is a doctor friend I have who doesn’t immunize her own child. Examples from life.”

4. "Information from doctors.”

5. “Show what will happen if a child is not immunized. Results of what happens after you get a shot, like the child won’t get sick if he comes into contact with the disease, like in school.”

6. “Show the frightening symptoms of the disease. It is important to scare mothers.”

7. Calendar in clinics; brochure to take home.

Mothers say the most convenient method to receive information would be brochures. One even volunteered to pay for a brochure if necessary in order to have the information, “A child’s health is worth more. No matter what, I’d buy it.” Many groups also held discussion about the use of “lectures.” “I consider lectures very important because when you read you have questions and there is no one to ask them to.” Other mothers said they would not come for lectures. “But those to whom their child is valuable, would come.” Another said, “When we stand in line, we should have brochures to read. The simplest thing is to have a table on which the age of the child and the shots he needs are listed. Mothers can’t go to the library and look this up.”

Media

The value and accessibility of broadcast and print media was also assessed, and certain limitations were found in their use. The most popular stations on television are the M-TV type channels from Moscow, and the local Kyrgyz station is watched much less. Radios are listened to by some, but work usually interferes with women spending much time listening. Most families cannot afford to read newspapers regularly, although they value them. One mother described an article she had cut out five or six years ago with the vaccination schedule and fastened it to her kitchen cupboard as a reminder. Some television shows watched by women are “Santa Barbara,” children’s programs, and the news. Newspapers and journals named were Zdarovie, Pechersk, and Vecheni Bishkek. Some listen to the radio and these were mentioned as stations and programs: Mayak, Pyramid’s Medical Information, and the Youth Channel.

2. **Interviews with mothers with four or more children**

A few focus groups were conducted with mothers with four or more children. These tended to be rural mothers who were less well educated and had fewer resources. These mothers were different from the mothers with only one child only in a few areas as follows:

1. These mothers tended to have more faith in the medical personnel’s decision to immunize.

2. They tended to have less concern about contraindications and vaccine safety and wanted their children immunized. They expressed their feeling of satisfaction and feeling of security for their children, “I’m now convinced that the child will not be sick.”
3. These mothers also thought the child should be healthy before being vaccinated. "The child is healthy; he had no reaction; I have a feeling of satisfaction," and "If he is not healthy he should not receive a shot that day." One mother told about her child's delay. "When my child was sick, I delayed shots by one to two months. I was worried and thought the child should get better before he had shots."

4. These mothers were particularly inconvenienced by the practice of waiting until a certain number of children show up on the scheduled vaccination day in order for the medical personnel to open a vial of vaccine.

5. These mothers were worried about diphtheria and measles, which were very much in evidence at the time in their town. All were anxious to have their children protected.

6. When their children did have shots, the mothers did not notice unusual reactions, "The child was weak and fussy but otherwise OK."

7. When asked what they would do if their child was sick, but the doctor recommended them to get vaccinated against diphtheria, these mothers all said they would vaccinate.

8. When asked where they get their information on immunization, half said from their doctor. The other half said they hear from others that you shouldn't give shots, "In Komsomolskaya Pravda, there was an article that shots do more harm than good. I, therefore, started to be afraid of them (shots)."

3. Interviews with mothers of children aged 12 - 24 months who had measles or who were vaccinated late

Mothers of children who had measles
The most important finding about these mothers is that they are not different from other mothers in any way we could find. One researcher put it this way, "The doctors did what they were supposed to by following the contraindications protocol; the mothers did what they were supposed to by waiting to vaccinate; everyone followed the rules, so where is the problem?" One child, for example, had hepatitis and his measles vaccination was delayed for six months, according to government protocol. During this time the child also contracted measles.

All of these mothers had a positive attitude about immunization. Like other mothers, they are afraid of diphtheria and measles; they do not know the vaccination schedule, but all agree that it is important to follow the schedule. These mothers missed the child's scheduled immunization for these reasons: The message was sent to one mother where the family was herding in the mountains, but the child was exposed in the mountains before they returned to the valleys where they could get the immunization. One mother thought her child had been vaccinated against measles and when relatives came to stay with them, they felt they "had to be hospitable to the guests," even though the visiting child had measles at the time of the visit.
Mothers of children immunized late
Almost all of these mothers gave medical deferments as the reason their children were vaccinated late, but most said their children had normal reactions when they were immunized. One mother said her child had a very high fever after the DPT. Some of the children did not get immunized because the clinic was out of vaccine.

These mothers were no different in other respects than the mothers in the focus groups. Most mothers knew little about the immunization schedule, they rely on doctors and nurses to tell them when to vaccinate their children. Most mothers are not worried about side effects, although some were worried about high fever and risk of getting hepatitis. Almost all mothers felt that children should not be vaccinated when ill.

B. The Findings from the In-depth Interviews of Medical Personnel

A total of 15 pediatricians and 12 nurses were interviewed in 2 oblasts: Chuiskaya and Jalalabad. All medical workers expressed a positive view toward immunization, noting that immunization cuts morbidity. They also noted that even if an immunized child becomes ill, he will be able to "bear the disease better."

Contraindications
Contraindications are a major cause of late vaccination. Vaccinations are postponed through medical "deferments" issued for a variety of conditions, including general weakness; malnutrition; inherited anomalies; anemia; low weight; low birth weight; difficult birth; hormone deficiencies; and disorders of the digestive, endocrine, and neurological systems. In some cases, the deferment can be for six months or longer, although providers acknowledge that even if a child has a slight fever, short-term deferments are also given.

Health care providers, in general, fear post-vaccination complications. Some providers said that contraindications are a major deterrent to timely vaccination. While new WHO regulations for contraindications are largely adopted, many physicians continue to issue deferments to protect the child against any post-vaccination complications.

Responsibility for complications
Providers feel responsible for the complications a child might have from being vaccinated, and some fear authorities and prefer to issue deferments to "overinsure" themselves against any possible complications. During this trip, a 7-year-old child died from diphtheria and all of the doctors in the region were called in to Bishkek by the ministry to examine why this happened.

"Ecology"
Many providers view children as weakened by the "ecologically fragile" situation resulting from former Soviet nuclear testing in Central Asia. There is a strong belief that a child in a weakened body state, whether just sick or weakened by the environment, cannot handle the "potent" vaccine
being introduced into its body. It is felt that the child must regain its strength before it can safely be immunized.

Immunodeficiency disorders
Providers also express concern about immunizing children with immunodeficiency disorders or even with allergies, noting that there are few trained immunologists in the country who can provide needed medical advisory services. When questioned further, respondents said that since the immune system is affected by vaccinations, one does not know how the organism will be affected by the introduction of a vaccine. Most pediatricians say that as long as they can not be reassured by an immunologist who decides whether or not it is safe to vaccinate this child, they prefer to err on the side of caution by delaying vaccination.

Doctors complained that they do not know the level of immunity of a child and would prefer not to vaccinate in some instances unless they know. Some said that there are not enough immunologists as there are no courses to train them and it takes 10 years to prepare an immunologist. The alternative that can be used by physicians is to hospitalize the child with a contraindication so that s/he can be carefully observed after having received an immunization.

New Contraindications Policy
Providers expressed concern that it will be difficult to fully implement the newly adopted WHO regulations on contraindications because of the prevailing fear on the part of both mothers and providers of immunizing a child not completely healthy.

Health workers said that if they saw credible scientific evidence that it was safe, they would be convinced to change their practice to vaccinate on time with fewer deferments. Some said that probably if they saw more of the illnesses, they would be convinced. Most felt that professional seminars with convincing scientific evidence would be the best way to convince health care providers to change their practice.

Medical personnel’s attitudes towards immunization
Some medical personnel do not even vaccinate their own children on time because of the fear of vaccines and their potential danger to children. Some of their comments follow:

1. “I consider all immunization useful, but my child was not vaccinated.”
2. “In general, I consider vaccination positive, but I read in Komsomolskaya Pravda the negative publicity about immunization.”
3. “My daughter is not vaccinated because of a medical deferment (allergy) and now she has also angina. I have to insist on immunization as a physician now, and do it since presently there is a lot of diphtheria.”
Others are worried about the transmission of disease through needles:

“The vaccinations are useful if they are done according to the rules, and if the vaccine is good. On the other hand, I am concerned that there are no disposable syringes. The repeated use of syringes can cause or transmit AIDS or hepatitis.”

**Vaccine issues**

**Vaccine shortages**
Shortages of vaccine were reported in 1993, and most providers confirm that coverage that year was relatively low. Coverage has improved in 1994 due to the greater availability of vaccine and the reduction of contraindications with new WHO regulations. Lack of vaccine, however, is still a problem in some peripheral areas.

**Foreign vaccines**
Vaccine is often donated with large contributions made by DANIDA and by the Turkish government. Health care providers express a general distrust of foreign vaccine (especially vaccine from Turkey) noting that foreign vaccine can produce especially adverse reactions. All expressed satisfaction with vaccine produced in Russia.

**Multiple dose vials**
Providers noted that they prefer one to two dose vials of vaccine because they feel that opening another vial of vaccine for just a few children would result in vaccine wastage. The current use of multiple dose vials (containing 10-30 doses) has resulted in changes in immunization schedules in most clinics and delays in immunization. “We won’t open another 20 dose vial if just two to three children come.”

**Disposable syringes and sterilization**
Due to the frequent unavailability of disposable syringes, mothers are often forced to buy their own, a cost that many cannot afford.

Most health providers express concern about sterilization and worry about infecting children with hepatitis since they do not have the ability to sterilize needles. One stated that, “Infection by viral hepatitis cannot be ruled out.” The pediatricians depend on the nurses taking the needles home to sterilize them or “the nurse sterilizes each needle separately.” One nurse said, “I trust sterilization only if I do it myself.”

**Other vaccine related problems cited**
Some concerns were also expressed about proper vaccine transport and storage. Some providers report that imported vaccine carries instructions in foreign languages that are not translated into Russian. Providers also report shortages of cotton, solvents, and alcohol. In one case, iodine was used instead of alcohol.
Migration of the Population

Political and socioeconomic factors cause either permanent or short-term population migration. Tajik Refugees arriving in Kyrgyzstan often do not have their children’s vaccination records with them, so physicians do not know where to begin with immunization. Language barriers also pose a problem in working with the Tajiks, who speak only Tajiki. There is a concern that illnesses come from the south. One physician referred to Tajik refugees when he noted that, “It is from children like this that we get measles and diphtheria.”

For economic reasons, Kyrgyz families are often temporarily displaced. They may leave one area for a few months to live with more economically advantaged relatives or to travel from the mountains to the lowlands to grow crops for use in winter. Such economic migration interferes with meeting immunization schedules.

Staffing and Management

Health care providers note that there are staff shortages in many areas, “There are not enough pediatricians. For eight districts, we have four pediatricians.” It is generally felt that the medical staff receive low wages and often are not paid on time. Many providers express regret that they chose medicine as a profession because it is extremely difficult for medical personnel to survive economically.

Scheduling in one clinic adversely impacts on meeting immunization goals, because all the doctors go to lunch at the same time and there is no one to receive the mothers who come. As a result, mothers have to go home and return later to have their children vaccinated. A nurse suggested that “doctors should go to lunch at different times so that the clinic can remain open for mothers during working hours.” Long lines at clinics are also a constraint to immunization as many mothers have work schedules to meet and cannot afford to wait a long time. Some said that long lines occur even when the medical personnel work from 8:00 am to 5:00 pm or from 8:00 am to 6:00 pm.

Transportation, Electricity, and Weather

Lack of transportation (vehicles and gasoline) has curtailed the ability of medical workers to bring children in for immunization and to conduct supervisory work. “Lack of transportation makes supervisory work to rural areas impossible,” one physician said. Felchers said that in the past, they had transported people to the facility for services. Many medical workers walk long distances—up to 10 kilometers in a day for on-site family visits. Lack of proper shoes and the difficulty of walking in winter pose particular hardships for many mothers wishing to bring their children in for immunization.

There are also periodic shortages of electricity which impact on the ability of storing vaccine properly. One doctor noted that, “with electrical shortages, they shut off refrigeration.”
Some shepherds spend part of the year in extremely remote areas in the mountains. As a result, their children are often not immunized on time. In one case, the wife of a shepherd described what it takes to reach medical care. “We have to go two days by horse. It is dangerous. We live so far away we don't even get first aid.” Such mothers often bring their children for immunization during the winter months when they come down from the mountains.

Providers also noted that mothers don't always bring children for immunization in bad weather because children lack proper clothes and the mothers are embarrassed. Clinics are not heated, threatening to freeze vaccines and making a long wait and undressing children uncomfortable.

Communication

Most medical personnel thought that one-on-one communication is the most important to educate mothers. Mothers trust medical personnel, but lack information. Sometimes mothers’ educational level is low. All health personnel suggested a greater effort to educate parents through educational talks, television programs, brochures through the mail, and newspapers. In order to do this task, they need materials on immunization.

Felchers also suggested presentations to village brigades, one-on-one interpersonal communication with mothers, and brochures in the Kyrgyz language. They thought education on immunization should start in the schools.

Health education should be provided primarily by medical personnel, in their opinion, although Bishkek representatives to the conference suggested that the MOH pick educators to help with health education.

Mothers-in-law are also considered influential in health decisions about the children. Most mothers watch television Ostankino, the Kyrgyz channel, and soap operas. Those who have radios listen to the news and the local channel.

V. RECOMMENDATIONS FOR A COMMUNICATIONS STRATEGY

High coverage and a highly educated populace, plus the Soviet Union medical training, have all led to a situation where the medical staff have forgotten what the immunizable diseases look like and have become fearful of the reaction caused by vaccines. Parents, having read newspaper articles by immunologists from Moscow and having been educated by their health workers over the years, have greater fear of the vaccines than they do of the illness. A long list of contraindications to vaccinate or “medical deferments” have been the policy for a long time. Although the government has enacted a revised policy which reduces greatly the number of contraindications, generally both the medical community and the populace are reluctant to go against the former guidelines not to vaccinate in case of illness, allergies, etc.
A number of possible strategies are suggested by the findings:

1. **Target Audience: Mothers of Young Children**
   
   A. **Possible strategy**: Counter negative media on immunization with factually correct information on—
      - Vaccine safety
      - Needle safety
      - Reduced list of contraindications
      - The importance of keeping old diseases at bay to protect the larger community
      
      **Channels**: Radio spots, television spots, brochures for health centers
   
   B. **Possible strategy**: Equip mothers to share responsibility in following child’s vaccine schedule by providing a printed schedule
      
      **Channels**: Print a revised schedule on card to tack up in kitchen

2. **Target Audience: Health Personnel**
   
   A. **Possible Strategy**: Conduct campaign to lead medical community to rethink contraindications
      
      **Channels**: Conduct technical workshops with international experts on contraindications
   
   B. **Possible Strategy**: Conduct a “positive media campaign” that will reach both mothers and health personnel to counter the “negative media” against immunization of a few years ago
      
      **Channels**: Television, radio, posters, brochures
APPENDIX A

RESEARCHERS' REPORTS IN ENGLISH
This is a translation of an interview with (district) pediatrician of children consultation of Central Raion Hospital.

Number Three (3) from Jalal-Abas Oblast in the Suzanski Raion.

The Children's Consultation was taken on the 22 November, 1994. The pediatrician interviewed had 15 years of professional experience.

Research Results:

Now, during the interview the respondent emphasizes the positive results of immunization of children (allowed) to protect a child from a series of infections and in case of a disease it is likely to reduce the severity of the infectious process. In spite of all that, in certain cases regarding immunization, complications develop (there was one case involving the administration of (1G/polio) vaccine. The child developed convulsions which entertained [this girl still limps]; there was another case after the DPT vaccine when encephalitis developed. The developed reactions were associated with an increase in body temperature up to 39 degrees centigrade and the appearance of convulsions. In the opinion of the respondent, imported vaccine produced more undesirable reactions than previously available Russian vaccines. The respondent attributes these reactions to the damaged vaccine, which occurred during transportation.

In the opinion of the respondent, the main factors (with??) the low vaccination rate of children are:

1. Insufficient number of physicians and nurses (for eight districts there are only four pediatricians);
2. Insufficient number of disposable syringes;
3. Irregular availability of alcohol;
4. Refusal of the mothers to immunize their children because of occasional cases of a development of reactions to DPT vaccinations;
5. Long lines in the offices to provide vaccination, in spite of the fact that they work daily from 8am to 5pm;
6. Unavailability of transport to serve children in the removed districts;
7. Temporary travel of mothers through areas outside those which are served by the polyclinic;
8. Negative influence of all the members of the family which prohibit the immunization of children - "God gave, and God will take."

Legend: \text{(1G)} = garbled word
?? = sounds like
It was determined that the great majority of mothers relate positively to immunization. They completely trust medical personnel, but insufficient educational level, and an absence of a sufficient amount of information, concerning vaccination and its safety, create doubts in certain mothers of the necessity to immunize their children, they are afraid of complications. In order to overcome the described problems, the respondent recommends a periodical organization of lectures and individual conversation with mothers (if transportation is available); the population should be subjected to educational work, preferably using information provided using television after 8pm. (tr note: double tracking on tape here. translator mentions information issued regularly through the mail, and newspapers). In the opinion of pediatricians, the information about which population should be conducted primarily by medical personnel. They need help by providing them with special literature on the vaccine (prophylaxis).
Document 2. Interview with a district pediatrician of Gonad Childrens' Poly-clinic.

His experience is also 15 years.

Research Results:

During the interview, the respondent expressed concern about the increased rate of post-immunization reactions after DPT vaccine, which they received through humanitarian assistance. The incidence of refusal to receive immunization is directly connected with the incidence of this reaction. The respondent feels that more research is needed to determine the cause of the increase of incidence of adverse reactions. It has to be determined why the incidence of adverse reactions increased with these vaccines. The respondent is concerned about the tendency to reduce counter-indications for immunization of children. She is afraid of adverse reaction, as well as insufficient development of specific immunity.

The changes of the schedule of immunization does not disturb the respondent, but many mothers have no understanding of these changes, and tend to oppose them. This attitude makes the work of the pediatrician difficult, because of the problems associated with immunization; insufficient supply of disposable syringes; irregularities with the supply of vaccines (eg, mumps); irregular supply of alcohol; failure to keep vaccine under proper temperature during transport; (1g) travels of mothers outside the city limits; unavailability of information on previous vaccinations on newly arrived children (exactly such children often bring measles or diphtheria); refusal of some religious mothers to get immunization and mothers with children who had a definite reaction to vaccinations.

The mothers refused vaccinations of the children, often in connection with the disease of the child (the children are sometimes not immunized because of insufficient supply of vaccine, or unavailability of the blood analysis). The mothers express indignation and it is difficult to get them to come back; some mothers, trying to fool the physician, showing the alleged signs of immunization in the children. Such situations, in the respondents opinion makes the work of medical personnel extremely difficult, and reduces the rate of immunization of children. The vaccination offices work from 8am to 6pm, and this is insufficient to prevent long lines.

Pediatricians express their concern about the possibility of infecting children with hepatitis. By using the repeat-use syringes, in absence of (1G) sterilization facilities, currently the syringes are being sterilized separately by each nurse. Under this condition the sterilization may not always be performed properly. In summary, the respondent (1g) positive attitude of the majority of mother to immunization and points out that medical personnel should try to increase their knowledge about immunization by conducting private meetings with the mothers, advising them of the appropriate literature on immunization (preferably free), and by providing information on television. The respondent physician feels that in 1994 the rate of immunization was up, and this was due to the uninterrupted supply of vaccines and the reduction of counter-indications.
Document 3 of the Jakal-Abadskaia Oblast, Aksyski raion
Silo-uluk.

Interview was (read) F.A.P. Felcher. The felcher was twice trained specifically for immunization. He has 17 years professional experience.

Research results:

The interview determined that the children are immunized twice every month. The size of the groups of children which has to be immunized will increase because of a large amount seen of eTP vaccine in viles (ten to twenty doses). The number of cases this amount of vaccine, in one vile, led to changes of vaccination intervals in children.

The respondent did not report any negative results of vaccination. He believes that the immunization is necessary for the protection of children from infections. He pointed out, however, the practical difficulties in conducting vaccinations (prophylaxis). They include irregularities in the supply of vaccine, alcohol and cotton. Because of insufficient coverage of children by the immunization program include, in his opinion, seasonal agricultural work, temporary travel of mothers for family reasons, and unavailability of transportation to removed villages (particularly during the winter).

In the opinion of the respondent, the large majority of parents understand the importance of vaccination of their children. But, in some cases, the mothers are afraid of reactions to vaccination, and are bringing the children after repeated discussions.

The respondent did not record any case of refusal to vaccinate. The respondent is familiar with the new regulations concerning the reduction of counter-indications of vaccination and changes in the schedule of vaccination; he believes that medical personnel will have no major problems in complying with new regulations. He expressed, however, concern about the development of complications of vaccination, particularly children which he himself never vaccinated, children with an elevated body temperature.

"If a fever develops in a child, I will not vaccinate because of a concern for adverse reactions." He vaccinates, however, children with nutritional deficiency (1g), and (2g) position to certain diseases (doubt??) any negative consequences for the health of the children.

The respondent feels that the best information on immunization comes from his boss, and subsequently during seminars (day of felcher). In the opinion of the respondent, in view of the low educational level of the local population, medical personnel should be responsible for the scheduling of vaccination. In addition, medical personnel should play the major role in attempts to increase the information flow and importance of vaccine prophylaxis.

The educational activity of a felcher, in relation to vaccination, should include individual discussions with mothers, publication of health information bulletins, and presentation at the village soviets, or meetings of the brigades.
To optimize the work of medical personnel, the seller believe they need to publish brochures on immunization, and in the Kyrgyzian language (they can even be sold if the price is not too high), uninterrupted supply of disposable syringes, alcohol, (1g) and availability of transportation.
Research Results:

Purpose of research: To determine the level of information of mothers about diseases which can be prevented by immunization, mothers opinions about immunization, knowledge of the schedule for immunization, and determination of substance of information of mothers, concerning immunization and the possibility of expanding them.

The interviews were conducted in the focus group, which consisted of three mothers who had four or more children. With the exception of two, which had two or three children. The mothers have secondary specialized education, with the exception of one who had a secondary education. The group was assembled by nurses of the children’s poly-clinic. The focus-group discussion lasted for 50 minutes. It was conducted by recommendation by the Republican Center for Immuno-prophylaxis, and personnel of the project B-6.

The major preliminary results of this discussion are as follows:

The respondents possess, on the majority, a rather limited amount of information on the diseases which can be prevented by immunization. Two of them did not know any of the diseases at all. Among the diseases which frighten them were measles, diphtheria, polio (merilitis) hepatitis, and chicken pox. They confirmed, unanimously, the value of immunization. With the exception of one mother, however, they were not familiar with the schedule of immunization. They are completely dependent on the medical personnel in determining the schedule for various vaccinations. They expect to receive invitations for individual vaccinations. Their reactions to the vaccination the mothers considered normal, even as a positive event. Even a strong reaction of a child who developed high temperature followed by prolonged hospitalization, did not change the opinion of the mothers to vaccination. The unanimous opinion, a child who has even slight fever should not be immunized, was changed in two of the three mothers after the discussion. This proves the necessity of continued educational work with mothers.

The mothers were unanimous in their opinion that information on vaccination is not sufficient. They would like to receive them from the medical personnel. That means physicians in the meeting at home, or in the poly-clinic, as well as the possibility, or even necessity, to receive information in the obstetrical clinic. In their opinion, only a physician with personal experience can convince mothers of the necessity of immunization.

The mothers listed their "home consultant," which were their mothers, sisters, neighbors, or even mother's-in-law.

All mothers are watching television, with the exception of one, who because of the complicated economic situation, has no television. The best time for watching television, they consider, is the evening hours and the best programs "Deuce, and ZT and PTV." With the exception of two mothers, all are listening to radio, but at different times. Only one mothers regularly reads newspapers. It appears that mass information vehicles can not all be successfully utilized to inform mothers about (2g) of vaccination period. The results of the discussions indicated that
mothers are glad to receive information on vaccination. They appreciate the value, but require additional educational materials and recommendations of the specialists.

In response to the question...what diseases can be prevented by vaccination...only four from six mothers named one of two diseases: measles; whooping cough, and hepatitis; polio, mumps. Two mothers did not say anything. One of them explained her absence of knowledge of disease: as follows: "My children don't get sick, so I'm not interested in diseases, and probably various infections."

The majority of mothers are afraid of measles (hepatitis, only one of the mothers is afraid of diphtheria). For one of the mothers all diseases were dangerous. All participants of the discussion pointed out the advantages of the vaccination. "The vaccinations are useful, when we get the word we will bring the children on the same day." "When the child is healthy, then the vaccinations will help." "For the children the vaccinations are useful, therefore, we will bring them over."

None of the mothers use the schedule of vaccination. They tried to list them, but they stopped, with the exception of one mother who had a secondary education. "First, [when] the measles still appear somewhere in the republic, then we will vaccinate our children. The question...from what diseases can DPT protect children...remained (1g) (unanswered??), the mothers were silent. Only one mother recognized this vaccine.

In response to the question of the necessity to vaccinate children on a certain schedule...all mothers, with the exception of two, stated that they completely depend, in this respect, on the medical personnel invited for vaccination.

When the mothers were asked to share their personal experience on the vaccination of their children, half of them mentioned adverse reactions in the form of fever, or reddening of the eyes. One child was hospitalized. This particular child had no fever, nor reddened eyes after vaccination. "I don't remember after what vaccine he was taken to the hospital...for ten days." Two vaccinations were delayed in this particular child. But, then he was finally vaccinated. He had only slight fever in the hospital. When asked to tell about the feelings about vaccinations, the mothers unanimously expressed their feeling of satisfaction, and feeling of security for their children. "I'm now convinced that the child will not be sick." "The child is healthy, he had no reaction. I have a feeling of satisfaction."

The majority of mothers who were asked, stated that they are informed about schedules of vaccination by the medical personnel. "The nurse informs us." The mothers were asked the question...who, in their opinion, should be responsible that the child receives his vaccination at the appropriate interval, and don't you think that mothers themselves should be concerned about the proper schedule of vaccination...they unanimously agreed that they should. When they were asked...why then, they don't keep track of the vaccination schedule...they responded that they used to be informed and that they are waiting for a reminder.

To (1g) problems which the mother encountered in the process of vaccination...they noted availability of vaccine, and an insufficient number of children required for one session. They
stated..."you come and wait until ten children get together, and if some mothers don't come, then I have to leave without a vaccination."

The majority of the mothers believe that the child, if he's not sufficiently healthy, should not receive vaccination...they agreed to vaccinate only in such.
Document 5.

Research Results:

During the interviews, some reasons of insufficient coverage of children by immunization were determined. These are: medical deferments; refusal of vaccination by mothers; children had adverse effects to previous immunizations; substantial load of household work; lines for the vaccination office; common travel for mothers outside the city limits; unavailability, on the day of immunization, of cotton and alcohol.

The attitude of the respondent to the reduction of counter-indications, during the conduction of immunization, is cautious of the changes of the schedule of the vaccination, doesn't disturb the respondent, and does not expect any difficulties in relation to them.

A series of causes and difficulties were, according to the respondent, established...relate to the work of medical personnel during the conduction of vaccination. They refer to insufficient education of mothers, absence of the necessary literature concerning the specific prophylactic for the medical personnel, as well as for the parents: the absence of transportation, which will allow to bring children of the removed villages to the site where the immunization can be administered; mothers' concerns of adverse affects of immunization related to the reduction of counter-indications.

The respondent notes the low level of information on vaccination which are provided to the mother. In spite of the fact that the attitude to vaccination, of the majority of mothers, to the vaccine prophylactic is positive, the respondent is proposing to enhance educational work involving television and newspapers; he considers, in comparison to 1993, and the respondent physician points out to considerably larger coverage of vaccination of children in 1994 and explains this development with the improved supply of poly-clinic vaccines.

Analysis of Quantitative Data.

1. In the children's city poly-clinic, immunization was conducted daily, except Sunday. On Thursday at 10 o'clock, immunization against measles was conducted.

2. The respondent considered immunization as protection for children from infection. A positive event also reduces the severity of disease in case of infection. The respondent stated that if a child, which was immunized, will get the disease it will be in a light form. (eg., attenuated form of measles). The respondent did not mention any negative sides of conducting the vaccination prophylaxis.

3. In the service area of the children's city poly-clinic, the coverage of the immunization of children in 1994 significantly increased. This is related to the significant reduction of the quantity of counter-indications and increased availability of medical personnel.
4. The problems in keeping the schedules of immunization, the respondent views as follows: long lines in the vaccination office at the end of the month; occupation of certain mothers in commercial enterprises; and all household work, as well as the unavailability transportation to bring the children to the vaccination office.

5. Previously, when the transportation was available, the children were brought to the vaccination office, and taken back as needed. At the present time it isn't possible.

6. There are no doubts about the quality of vaccine.

According to the respondent...(skips portion of the text: the reasons for non receipt of initial vaccinations up to 13 months)...medical deferments for some children; Refusal of some mothers to vaccinate their children, and travel of mothers beyond the city limits.

8. Immunizations do not take place in cases where the child, at the time of vaccination, is sick and because of the lack of alcohol and cotton.

9. The majority of mothers understand the difficulty associated with vaccination and are bringing the children to be vaccinated repeatedly: some mothers react negatively, however after educational work, they agree to bring the child at a different time.

10. Practically all mothers understand the importance of the immunization of their children. With the exception of some mothers whose children have experienced adverse effects of vaccination. Currently, mothers hear a lot about diphtheria and about vaccinations, too.

11. Both children of the respondent were immunized, but not at the proper schedule because of medical deferment due to exudative diatheses (pre-disposition to [odimo] of mucous membranes, or glandular enlargement).

12/13. The respondent is familiar with the new regulation of the republic concerning the reduction of unexpected complications.

14. Mothers express a considerable number of negative opinions, in connection with the reduction of medical deferments for immunization.

15. It is recommended for medical personnel to conduct educational discussions individually with each mother, and enhance the distribution of information on radio, television.

16/17/18/19. The respondent is familiar with the new schedule for immunization, and expects that there will be no difficulties with it. "In my opinion, it shouldn't matter much whether it's a month later or a month earlier."

20. The respondent expects that the best information on immunization he can receive from his superior at his place of work, and also through the society of pediatricians.
21. Mothers should be responsible for keeping the schedules of vaccination.

22. In order to help mothers to immunize their children with the proper schedule, it is necessary to enhance the level of knowledge of immunization, and to reduce the mothers occupation with housework...family planning is important in this respect. "It is necessary to reduce mothers' work, and plan families so they don't give birth every year."

23. The respondent emphasized the importance of information about vaccination through television, radio, and print. The individual work with each mother, she considers however, more effective. "It is necessary to work with the mother individually in her home, in reality, not for show."

24. Medical personnel have to play the leading role in the occasional work, concerning the importance of the immunization of children. It is important to encourage that medical personnel are actively involved in the medical educational work.
Analysis of interviews with doctors-pediatricians of the chuiskaya oblast.

Goal of Research

To identify the relationship of doctors to immunization. To problems that are connected with immunization and means by which these problems can be resolved. The research team consisted of O.V. Safonova, Moderator; K.S. Omurzakova, Assistant Moderator.

Goals:

1. To determine the relationship of doctors to immunization.
2. To determine the reasons for the decrease in immunization coverage.
3. To determine the problems that are connected with immunization.
4. To determine the role of medical workers in conducting educational work with mothers.
5. To determine the attitude of doctors to the recommendations of the World Health Organization on counter-indication.
6. To determine the attitude of doctors to the new schedule of immunization.
7. To determine from where doctors get medical information and what sources of information do they consider to be most reliable.

In total, interviews were conducted with six doctors-pediatricians who have worked in their position from four months to 25 years. No of them have had special qualification work in the field of immunization.

1. All doctors noted that immunization with specific vaccine is conducted on specific days of the week. Others are given each day. Before, injections were given daily. But, in connection with the fact that vaccine is now provided in high doses, DPT is now given only on Tuesdays and Fridays. Other injections are given daily from 8 o’clock to 1400. Today DPT is given in doses of up to 20 doses, and measles up to ten doses, for this reason we give injections with the vaccines in consecutive days. Before we notify parents whose children have to be immunized, according to schedule. It was more convenient for mothers when injections were given every day.

2. All doctors, in general, have a positive attitude to immunization. Fewer children become ill, and immunity is developed. Some of them consider that there will "not be a contingent of children, who would be susceptible to disease." "In the city and in surrounding areas there would be a beneficial situation, in relationship to several infections." The negative aspects of immunization, all doctors unanimously considered to be, the possibility of post-vaccination complication. Only one doctor, from the district doctors interviewed, considered that a negative aspect of immunization is the lack of information mothers have about diseases.

3. The major reasons resulting in the decrease in immunization coverage, according to the opinion of all doctors, is medical deferments (both short-term and long-term). Almost all doctors gave the following reasons for medical deferments: migration of the population; temporary moves, due to socio-economic conditions; and the lack of information on the part of mothers concerning immunization. Only one of the respondents named, has a reason that
children might come into contact with infectious deseases, "hepatitus, in particular."

4. One of the problems with immunization, in the opinion of all doctors, is the break in distribution of vaccine. "At the present time, there is no DPT. And, we can not give injections to those who have come into contact with diptheria." "There are breaks in the distribution of measles vaccine MVPT." "For a year, we did not have mumps vaccine, and sometimes we don't have polio vaccine." "Often we don't have BCG vaccine, measles vaccine and DPT." Another problem, that all respondents considered, is the lack of non-disposable needles. "Sometimes there are not enough disposable needles. Mothers are forced, themselves, to buy their own disposable needles." Some of the doctors noted that there is also a lack of cotton and alcohol. The majority of doctors do not exempt the possibility of using non-disposable needles, provided there are no disposable needles available. But, only one of the doctors has indicated that she trusts the sterilization system. "I believe, one hundred percent, in the sterilization system because it is done centrally." A significant part of the respondents considers that it is possible to become infected with viral hepatitis through the use of non-disposable needles. "Sterilization may be centralized, but the quality of sterilization causes some doubt. Of course we're afraid of viral hepatitis."

5. All participants noted that the lack of transportation is one of the major problems in dealing with rural areas. "According to plan, we have to go to the (capital SAT) one time in two weeks. But in 1994, we have not gone there once because of the lack of transportation. It is impossible to control work of the Feldshers."

6. A significant number of doctors have expressed doubt about the safety of the DPT vaccine. "This is a complex vaccine. It posses a great burden on the child's organism; especially after the first shot is given and there are complications." Only one of the participants did not trust the BCG vaccine. "I know very little about it. I don't know what kind of consequences can result from this vaccine."

7. The main reasons why a child does not receive his primary vaccine by thirteen months of age, according to all doctors: medical deferments; migration of the population. Some of the doctors pointed to the negative role that mothers play when they refuse to give their child immunizations. "If, after the first DPT shot, a child has a strong reaction, the mother will refuse to bring him for more shots." Some of the doctors consider that children of livestock herders don't receive their injections on time, because they have difficulty in access to medical services, and they live very far away.

8. All doctors consider that if a child is brought for immunization, and the child is not well, then the injection should not be given. They give medical deferments. Some of them concede that shots may not be given because of the lack of vaccine on a particular day. There could also be a lack of disposable needles, and a mother could refuse to have an injections given using non-disposable needles. Also, high-dose vaccines are a problem. "BCG comes in thirty doses, but only one mother will come. We will not open a vile just for her. Vaccine will be wasted."

9. A significant number of doctors consider that mothers trust doctors and will always agree with their opinion. But, in spite of this, we have to invite mothers to come for immunizations
several times. Only one of the respondents said that, "In connection with the outbreak of diptheria, now mothers themselves come for vaccination."

10. All doctors consider, that the majority of mothers understand the importance of vaccinating their children. "Some think that it is necessary to give immunizations; it is important for the child not to get sick." "They believe the doctors." Very diverse opinions are expressed by doctors, concerning the reasons why mothers have negative attitudes toward vaccination. "Some of them don't believe in shots, and in order not to have to go, they pretend that their children are not sick." "Because of religious reasons." "They're afraid to get infections with other diseases through immunizations." "Negative material on television about immunization has had an impact on mothers' thinking about immunizations. In 1990-91 there was a program about the harm of immunization. It is very difficult to change mothers' minds after they have seen a television program." "Families with many children live below the poverty line, and there are cases where they don't have anything to dress their children in, in order to bring them to the hospital." "Alcoholic parents aren't concerned about the health of their children." "Mothers who have many children are not disciplined. They don't understand the importance of immunization. They don't visit the doctor because of a lack of time."

All doctors consider that each mother is afraid of reactions to vaccination. Some doctors consider that counter-indications impede the ability of parents to vaccinate their children. The counter-indications could be very specific, given by specialists. "Mothers don't always have time or money to bring their children to another doctor for observation, or to a specialist, in order to have the medical deferment lifted."

11. Almost all doctors indicate that they are serious about vaccinating their own children. The majority of them have had their children immunized on time, and without complications. Only one of the participants said the following about vaccinations. "I was a student, and I noticed that doctors said there wasn't time, because of studies, to go to the poly-clinic."

12. All doctors are familiar with the World Health Organization's recommendations on counter-indication.

13/14. The majority of doctors consider that difficulties, in connection with these recommendations, would include, first of all, the fact that work would be more complicated with mothers. "Not all mothers will agree. They are used to the fact that, after the oral polio vaccine, a medical deferment is given for one month. They will be cautious." "It will be difficult to convince parents that they have to immunize if there is this, or that, condition that a child has." Some doctors noted that it will be difficult to change attitudes about counter-indicators. "It seems to me that doctors will, nevertheless, over-insure themselves and give medical deferments just like they did before." Only one of the participants expressed the opinion that there would be no difficulties with counter-indicators. "I think that a long time ago we should have lowered our counter-indicators. The earlier you immunize a child, the better it will be. That way, you can have higher coverage by age one, and the child that is under two months old will have less likelihood of getting sick, or in getting a medical deferment."

15. In order to overcome difficulties connected with new counter-indicators, part of the
doctors proposed to "conduct specialized sessions on immunizations to high-light this given question." Some proposed conducting "more detailed observation before immunization, taking into account all analyses." "Convincing others about the safety of vaccines."

16. All doctors were familiar with the new schedule of immunization.

17. A significant part of the respondents does not see difficulties with implementing it. Only one participant expressed the opinion that giving a child shots under the age of two months is too early. "A child at this age still has immunity from the mother, immunity against diptheria and tetanus. Pertusis vaccines should be given separately, when still in the birth house. And, at three months he should get DPT."

18/19. There are no answers. That is, there are no difficulties.

20. A significant part of the doctors get their medical information on seminars and through directive issued by the Ministry of Health. Some of them get their information from their supervisors and through education at the place of work. But, more reliable sources for obtaining information for part of the doctors are seminars, and for some of them, directives of the Ministry of Health.

21. Almost all doctors expressed the opinion that responsibility for maintaining the immunization schedule is that of the medical workers. "We are responsible for the health of the children, it is our responsibility. Knowing that mothers are not fully aware of the importance of immunizations, we take the responsibility upon ourselves." Only one of the doctors considers that mothers should be concerned about this. "Of course mothers. But, they think that this is more important for a medical worker."

22. All doctors consider that mothers are not sufficiently informed about immunization.

23. All doctors propose that mothers be informed about the goals of vaccination, about the types of vaccinations, about the schedule of shots, about the reaction to shots, about diseases against which immunizations are given. Almost all doctors are convinced that the most accessible and convincing way to convince mothers is to conduct discussions with doctors, either at the poly-clinic, or in the mothers home.

24. Besides discussions, all participants consider that information about immunizations mothers can get through brochures, journals, television. Part of them propose to issue SAN bulletins and posters, print articles in local newspapers. A significant part of the doctors considers that the main source of information for mothers is discussion with a physician or a nurse. In connection with this, the role of medical workers in health education work is very significant. In terms of assistance to health workers in conducting health education, the majority of doctors expressed the desire to have, in the poly-clinics, brochures in sufficient quantity. "we need more accessible small brochures about shots." "If we would have brochures, we would give them out to mothers." Some of the doctors proposed to use local channels and radio for dissemination of information about shots, and about the epidemiological situation concerning diptheria. END OF THIS DOCUMENT.
Analysis of Interviews of Nurses in the Chuiskaya Oblast.

The goal of the research: the same as in the case of interviews with doctors.

Moderator: O.V. Safonova; Assistant Moderator: K.S. Omurzakova.

In total, interviews were conducted with eight mid-level medical workers whose experience includes work from two years to twenty-four years. Among these is one medical worker from the first category, one worker having specialization in immunization.

1. All nurses noted that recently vaccination for a number of vaccines is conducted on specific days. "Recently, in connection with the influx of foreign vaccine, DPT and measles, in large doses (20ml and 10ml), we are forced to give these shots two/three times a month on specific days."

2. All participants have a favorable attitude toward vaccination, and consider that as a result: "disease is reduced," "immunity is developed," "an immunized child, even if he gets sick, will be able to bear the burden of disease better," "he gets protection against immunity" TEXT WAS INCORRECTLY PHOTOCOPIED, POINTS THREE, AND PART OF FOUR ARE MISSING. WE WILL PROCEED WITH THE END OF THE ANSWER FOR FOUR.

4. The majority of nurses acknowledge using reusable needles, when disposable needles are not available, but not all believe in the quality of sterilization. "I believe in sterilization if I do it myself." "I don't believe in the quality of sterilization, because when you sterilize them in central facilities you get needles from other divisions, and there is a possibility of infecting the child with viral hepatitis." Part of the nurses reject the possibility of infection by viral hepatitis through needles.

5. The major problem in rural areas according to the opinion of all nurses is the lack of transportation. "There is no transportation, no gasoline." "I go by foot. If only they gave us special shoes."

6. The majority of nurses have doubts about the safety of imported DPT vaccine. "DPT produced in the FRG (Federal Republic of Germany) often gives reactions." "I don't believe in imported vaccines, except for vaccines from the USA. I prefer domestically produced vaccine." Some of the nurses have doubts about the safety of the storage conditions for live vaccine. "We don't know in what condition they bring the live vaccines to us." One of the nurses expressed doubts. THE BALANCE OF POINTS 6, 7 AND 8 HAVE NOT BEEN PHOTOCOPIED. WE NEED TO GO BACK TO THE ORIGINAL TEXT TO FILL-IN HERE. I WILL PROCEED WITH POINT 9.

9. All nurses think that mothers believe medical workers and listen to their advice. Some of them note that in connection with the more complicated epidemiological situation with diphtheria, mothers have started to become more active themselves. "Sometimes mothers express their displeasure, because of fears of becoming ill with diphtheria. And, also because of the lack of time. They demand that vaccinations be given at home." Part of the nurses consider that
mothers understand the importance of doing immunization. "In recent times, after the announcement on television about diphtheria, crowds come for immunization because of their fear of becoming sick. They, right away, bring a number of children. Some nurses consider that young mothers with one child always have a positive reaction toward vaccination. In spite of advice of acquaintances that immunizations are useless. Mothers who are older consider that a child must have measles, and that a vaccine for this is not necessary." Some of the nurses say that many the mothers do not come for vaccination because they lack time. In rural areas these reasons are given: washing; guests; "I don't have anyone to leave children with;" "I don't have anything to clothe my child in;" "my child is too dirty to be brought to the doctor."

POINTS 11, 12, 13, AND 14 WERE NOT PHOTOCOPIED AND NEED TO BE INSERTED HERE. WE WILL PROCEED WITH THE LAST SENTANCE IN POINT 14.

14. Part of the nurses consider that there won't be difficulties in regard to this. One nurse had difficulty answering the question.

15. In order to overcome difficulties connected with implementing the new regulations on counter-indicators, part of the nurses think that they personally have to be convinced about the absence of reactions. "If I give an injection and see that everything is normal, then I will believe that you can give injections." Some of the nurses will, nevertheless, try to overinsure themselves. "I'd rather wait a week, until the child gets well and then I will give the injection."

16. All nurses are familiar with the new immunization schedule.

17. Not a single respondent sees any difficulty in implementing the new immunization schedule.

18/19. No difficulties. No answers.

20. A significant part of the nurses gets medical information in studying and through education at the place of work, some directives of the Ministry of Health, from seminars, on television. Some get information from their supervisors and through newspapers. The most reliable sources of information are: ANSWER TO QUESTION 20 AND 21 HAS NOT BEEN PHOTOCOPIED. WE WILL PROCEED WITH QUESTION 22.

22. All nurses consider that mothers are not adequately informed about vaccinations. "They need more information through television and through discussions with nurses and doctors."

23. The majority of nurses consider that it is necessary to conduct educational work among mothers. "Medical workers must explain to each mother, against which infectious diseases her child is immunized against. Sometimes it is useful to give clinical examples of a particular child who is ill and present the consequences of disease." "Mothers will have a more positive attitude to immunization if they can be frightened through examples from life. That somebody became sick with diphtheria, for example." "You can also promise mothers to give them free baby food if they come for immunization. Then, everybody is sure to come." All nurses are convinced that the most convincing means of having an impact on mothers is discussion.
"But the most convincing, that's discussion." Some of them proposed to use visual age. THE BALANCE OF THE ANSWER TO THE QUESTION 23, AND NONE OF THE ANSWER TO QUESTION 24 HAVE BEEN PHOTOCOPIED. WE HAVE TO GO BACK HERE AND FILL-IN FROM THE ORIGINAL TEXT. (TR NOTE: this is the end of tape one).

Analysis of Interviews with Doctors/Pediatricians of the Zhailovsky Raion, as Compared to Pediatricians of the Keninski Raion.

Interviews were conducted with three doctors. One from the central raion hospital, two from the SVA. The doctors work experience was from four months to ten years in the Zhailovsky Raion, and three doctors, one from the central raion hospital and two from the SVA. Their work experience was from eight through twenty-five years from the Keninski Raion.

1. In the Zhailovsky Raion the pediatricians were generally younger, with a shorter workd experience. In both raions immunization work has changed, as a result of the use of high dosage vaccines (DPT, Measles). The days for immunization are now determined in advance.

2. The doctors of both raions named the main positive and negative aspects of immunization. But, a doctor in the Kininski raion noted that frequently complications arise with the use of DPT vaccine from Turkey.

3. There were no significant differences in the opinion of the doctors from the two raions about reasons for incomplete immunization coverage. Doctors of the Keninski raion consider that children in their jurisdiction are weakened by the unfavorable economic situation (in connection with higher radiation).

4. In the Keninski raion, sterilization of reusable needles is done in a centralized way. But, part of the doctors do not believe in the quality of the sterilization, and concede that there are possibilities of infection by viral hepatitis. One doctor trusted sterilization one hundred percent. In the Zhailovsky raion, sterilization is conducted using imported sterilizers, but doctors do not fully trust their quality.

5. In both raions, there are difficulties with transportation.

6. All doctors in the Keninski raion do not trust the DPT vaccine. That is, it gives post vaccination complications. In the Zhailovsky raion there are doctors who trust all vaccines. This is explained by the fact that in the Zhailovsky raion, doctors still have little experience in working, and they have not yet encountered many post vaccine complications.

7. The reasons for not receiving primary vaccinations by thirteen months, in both raions, are identical.

8. There is no difference in the opinion of doctors of both raions about reasons which prevent a child from being vaccinated on a specific day.

9. NOT LEGIBLE.
10. The doctors of the Zhailovsky raion consider that mothers attitudes toward immunizations depend on her education. The doctors of the Keninski raion don't see any difference between them.

11. Doctors of the Keninski raion understand the importance of vaccinating their children. In the Zhailovsky raion one of the doctors said, "I had a careless attitude toward immunization when I was a student."

12. All doctors are familiar with the recommendations concerning counter-indication.

13/14. All doctors of the Keninski raion see difficulties, first of all, in working with mothers because of the prejudices mothers have. The doctors of the Zhailovsky raion see difficulties in conducting preliminary analysis in immuno-defecient conditions. One doctor did not see any difficulty.

15. The doctors of the Keninski raion propose changing the attitudes of mothers and medical workers using (unintelligible) methods of immunization.

16. All doctors were familiar with the new calendar of immunization.

17. The doctors of the Keninski raion don't see difficulty in connection with this schedule. One of the doctors in the Zhailovsky raion considers that shots at two months, for a child, are too early to administer.

20. The majority of doctors of the Keninski raion consider that they get the most reliable medical information through directives of the Ministry of Health and through seminars. Doctors of the Zhailovsky raion prefer to receive information during seminars and through their supervisors.

21. The doctors of the Keninsky raion have different answers for the question about who should be responsible for maintaining the immunization schedule. That is, mothers, mothers or medical workers, or medical workers. Doctors of the Zhailovsky consider that it is, first of all, the responsibility of the doctors.

22. All doctors consider that mothers are not adequately informed about immunizations.

23/24. SEE ANALYSIS OF DOCTORS. THERE IS NO DIFFERENCE IN OPINION. THIS IS THE END OF THIS DOCUMENT.
Oblast Reports at the November 30th Conference on Problems Related to Immunization.

The representative from the OSH Oblast noted the following problems in his oblast related to immunization. OSH has some very special characteristics. This oblast is one of the largest in the republic. Therefore, the districts are located far away. The density of the population is low. This makes it difficult for immunization. You know that home shots are forbidden. It is only recently that they are done in Poly-clinics. Taking into account the difficulties of getting to the poly-clinic, many people now want the Feldshers to give shots at home. Poly-clinics used to have a transportation system. People used to be brought to the poly-clinic. From lack of transportation now, we can't bring people to the poly-clinics anymore.

We have problems with the vaccine supply. For two years we didn't have DPT, an only now we have received enough for OSH. Children are not immunized. They are only immunized in the city of OSH.

It's difficult to break stereotypes. There are many counter-indications to shots. It is, for example, hard to imagine how you can give a shot to a child with temperature. It is difficult to break this stereotype for pediatricians. All children with (1g) counter-indications should be placed in the children's hospital. We should give them cots, then the pediatricians can observe them. The level of information for mothers, on immunization, is low. Most women with mid-level education, and housewives with low-level of knowledge, have a low level of knowledge about immunization. We have to start working at the home. We need to have colorful information, schedules. Mothers should have information given to them at the birth centers. We also have low qualification of many medical workers, including doctors, mid-level workers and epidemiologists. There are no courses to prepare immunologists. There is only one immunologist in the oblast. He works in the city of OSH. We don't have any facility to train mid-level health workers, nurses and others. There is a lack of facilities to give immunizations. With the diptheria outbreak, we found that we have no forms or facilities to immunize adults. We need to have immunization facilities for adults.

We also need to do educational work using newspapers. For example the oblast newspaper. But, newspapers cost too much. They can cost 300 SOMS. Most of the population will not buy a newspaper. Health centers should distribute free materials. Among our main problems are breaks in the distribution of vaccine, lack of transportation. Medical workers, pediatricians and nurses have to pay fines.

The presentation of the representative from the NARIN Oblast noted the following problems. He said the Narin Oblast is high altitude, where much of the territory is higher than 2000 meters, and some exceeds three to four-thousand meters. Therefore, climatological factors have an impact on immunization.

We have problems with immunization materials and access to vaccines. We also lack supplies, such as alcohol and cotton. Winter is severe in Narin. We have energy problems. The FAPS cannot be heated. Where vaccines are held, we also have problems with energy. In winter there's the threat of vaccines freezing. Transportation is poor. The population is not dense here, but the doses of vaccine are high. We need to have vaccine of low doses, of not
more than five. We also have the problem of information. By the time it gets to our oblast, much time has gone by. Our telephone service is poor. You either get through, or not. So, there's a lot of delay in information reaching us. We have local TV. It works two times a week, or so, when the electricity is on. This is also tied to the energy problem we have. We have no finances for information. We have no posters or brochures. We also have the problem of migration. Everyone leaves. Nobody comes. Medical personnel are very poor. Many hospitals don't have immunologists. The pay for medical workers is very low. There is no interest in this for enough people to come into the field, nobody wants to work in medicine.

Jalabad/Talas. Reports from these oblasts included the following information on problems in the two areas.

There is a lack of alcohol and needles. We want to emphasize that the SAP/SVA has problems, but service in the cities is good. The SAP/SVAs have economic problems. Buying doses of vaccines costs four SOMS each. Yet, we throw out much in the multiple dose vaccines. It takes about ten years to prepare an immunologist. We don't have enough capable immunologists. Immunology is not covered in the seminars given in medicine. We don't have enough sterilization facilities in the SVAs and FPA's. The used sterilizers we got, as a part of humanitarian assistance, are beginning to break down. We have transportation problems. We have information hunger, our immunologists and doctors do. But, there is no information on immunology. We can work on decrees, we have a lack of paper and material means. People want to know about immunization too. There are problems with decentralization of services. We have a lack of transportation and a lack of materials. We also have an absence of pay for doctors. The FAPS may be 170 kilometers from the center. Vaccine costs are not considered important in the development of regional planning. Another problem is technical. Getting vaccines is one thing, but the problem is annotation. Even in Jalabad to translate English annotations on imported vaccines is an issue. There's an absence of diagnostics. What is the level of immunity? It is difficult to tell. In winter, the problems with energy are more severe. It is very cold. Mothers feel that it is cold, so they don't come to the poly-clinics until springtime. There's also the problem of migration. It is up to 3% per month in the cities. People go to the raions where their relatives live. They do this to grow things. So, we lose time in immunization coverage. Also, we have a low-level of education in the population. Television and newspapers can't cover all questions. Live contact is the best means of communication. At the level of the government we must decide which questions to highlight, and we need to start at the school level to address immunization.

Issyk Kul Oblast relates, that materials for vaccines in the periphery is a problem. The population is relatively uninformed. But, outside of that, we have problems that are similar to the other oblasts. What means do we have to do social mobilization? We have doctors.

The representatives from the city of Bishkek noted that problems exist in regard to education, and also in diagnosis. There is an absence of reagents. We should pick people who can be good educators. There are people who can be educators and we are not often considering them. We should pay attention to teachers.
Analysis

Interviews were conducted with seven mothers whose children were immunized late. *

1. Three mothers had two children; two mothers had three children; one mother had four children; one mother had one child.

The ages of the children were as follows: two-one year olds; one-one year two months; one-one year three months; one-two years six months; one-three years; one-one year ten months.

2. Almost all respondants noted measles as the disease that could be prevented with the help of shots. Only one respondent did not mention measles. Part of the mothers named diptheria, tuberculosis. Other diseases were not named. Only a few of the mothers noted pertusis, poliomelitis, tetinus (Krasnukha). At the same time, a few mothers named such diseases as (vetrianka), (chhotka/shchotka) and disentary.

3. The majority of the mothers are also afraid of such diseases diptheria and measles. There was one case where a mother noted what this was tied to. "There is a case of diptheria in our kindergarten." A certain part of the mothers are frightened by jaundas, tuberculosis, and cholera. Part of the mothers noted that they are afraid of all the diseases, or all infectious diseases. Some of the mothers named such diseases as cold, (chhotka/shchotka), anemia, high temperature, diarrhea, poisoning, allergies, pneumonia, disentary. Almost all the mothers of those children who have received shots, noted that their children were immunized against measles. A small part of the respondents named BCG. One mother named polio-melitis. One noted diptheria and tetinus. One mother knew the name of the vaccine DPT, but did not know against which diseases this vaccine was for. One mother also named anemia. A large part of the mothers knew when their children should be innoculated against measles. One mother noted that her child received an immunization for measles late, due to medical deferments.

5. Almost all the mothers gave as a reason, for late vaccination, the following: illness, medical deferment. In terms of diseases, a wide diversity was mentioned. Besides that, many of them are not considered to be counter indicators, according to the recommendations of the World Health Organization on counter-indications. One mother gave as a reason, for not immunizing, moving to Bishkek. The majority of mothers don’t know anything about the schedule of immunization. As part of the mothers noted, they rely on doctors for this information and nurses. Only an insignificant number of respondents knew the schedule of immunizations - .

A large number of respondents noted that their children have normal reactions to the shots. Some; however, have complications. One mother noted that her child had difficulty after the DPT shot. He had a reaction (not inteligable), he had temperature of 32.8 degrees, he was week, but in three, four days these reactions went away. Only one mother noted that her child had not had BCG immunization.

8. A large number of mothers feel calmly, even confidently, when a child is given an immunization. A small part of the mothers are afraid of heightened temperature and the risk of (not inteligable) through the use of needles, such as jaundace, because she herself had become infected with this disease through needles.
8. All mothers agree that the information about the next shot, that their prime source for this are nurses. Because the nurses come to their houses. Doctors are also a source of this information. A large part of the mothers is for having a schedule of immunizations and for them to have the responsibility themselves to keeping to that schedule. Also, some of them think that parents should be responsible for this themselves. One of the mothers is for equal responsibility for monitoring the time for immunization. Another mother is for the nurse to have the prime responsibility.

9. In regard to problems which are encountered in connection with immunization, a large number of mothers pointed out, in equal parts, the lack of disposable syringes, and diseases of the child. A smaller part of the mothers noted that there were no problems. Only one mother noted the absence of vaccine as a problem with which she is familiar. For the resolution of these problems, the majority of the mothers buy disposable needles themselves. One mother points out the importance of having vaccine.

10. Almost all the mothers consider that when a child is sick, you cannot do shots. Only one mother noted another reason. And that is when it is cold outside.

11. Almost all mothers refuse to do shots, if their child is not well enough, and the doctor recommends that the shot be done. Only a small part of the mothers believe the doctor. As arguments mothers say the following: the child will suffer, he will have (not intelligible) reaction. One mother considers that immunization should be given only to healthy children.

12. Almost all mothers are inadequately informed about shots. However, one mother considers that she has enough information, which she had received from doctors. The majority of mothers are interested in all information about shots, such as from what diseases are shots given, why are shots given, the consequences, the consequences of not doing an immunization. Part of the mothers wants to know about the schedule of shots. One mother was troubled specifically about (not intelligible) and other infectious diseases (diptheria).

13. All mothers receive information from doctors and nurses. One mother pointed also to television as a source of information. The majority of mothers wanted to receive information from doctors. One of the mothers refined that point by saying that she wanted to receive information from specialist doctors in the city of Bishkek. Part of the mothers pointed to their desire to have information on television.

14. In the opinion of the majority of the mothers, to convince mothers who are refusing to immunize their baby — this can only be done through explanations about the possible negative consequences of such an action: a child can get sick, you can lose the child, the child can become crippled. On the other hand, mother propose to also speak about the positive sides of immunization: it insures safety of the child in the future, the child will be healthy, so he doesn't become infected, if the child suddenly becomes sick, then he will be able to deal with the disease better.

15. Among the interviewed women, their were no negative reactions to shots. THE TEXT ENDS HERE.
16. The domestic consultant on domestic childcare, in the majority of cases, is the mother-in-law. Some of the mothers consider that the participation of the pediatrician and the nurse. Only one indicated her mother, neighbors, and husband.

17. All mothers watch television; however, they don't all have time to do that. In principle, they watch television in the evening. The majority watch the television channel Ostankino and Kyrgyz television. The majority watch films, the soap-opera Dikia Roza, and the soap-opera Santa Barbara and concert programs.

18. The majority of mothers listen to radio, but largely the local channel. They follow the news and concerts. Part of the respondents don't have radio.

19. Almost all mothers only sometimes read newspapers. Largely these are local newspapers, such as Raion. A small part reads Republican newspapers.
Interview with Mothers with Children Who have had Measles.

Three interviews were conducted with mothers. All three mothers had two children.

1. The ages of the children who have had measles: 2 years; 3 years; 3.11 years.
2. The large part of the mothers, when asked to name diseases that can be prevented by immunization, could name measles.
3. The majority are mostly afraid of measles and diptheria.
4. Not all mothers know against which diseases their child has had immunization.
5. Mothers thought that their children were immunized. Only one mother, when asked to give a reason for why her child got sick, indicated that it was through contact with a sick child.
6. The schedule of immunizations, the mothers were not familiar with.
7. The children, generally, had no adverse reactions to immunizations. In one case after the first shot there was an increase in temperature to 38 degree. The temperature then fell, and there was also swelling at the site where the injection was given.
8. Mothers, in principle, are calm about the injections. Only one looked at the possibility of increased temperature. About the next shot, mothers are generally informed by nurses in particular. All mothers agree that it is important to know and to maintain the schedule of immunization.
9. All three mothers noted that they missed the scheduled immunization, and give a number of reasons for this: they are busy; they leave the area; and the weather is bad. One mother who is a ruraly-based livestock herder noted that they spend a lot of times in the mountains in fairly remote areas far away from populated areas.
10. All mothers consider that a child who is sick, who has temperature cannot be immunized.
11. In case a child is not sufficiently well, and a doctor recommends that immunizations be given, mothers...only one mother would not agree.
12. Mothers are not adequately informed about shots. They would like to know the schedule, the types of shots, why they are given, and the consequences about shots, about measles.
13. Information about immunizations, mothers get largely from doctors and nurses. They would like to receive information from doctors, from books, from brochures, and on television.
14. In order to convince mothers, who are refusing to immunize their children, the respondants that negative consequences have to be highlighted, and also personal experience should be emphasized.
15. All mothers had a positive attitude toward immunization.
16. Mothers' domestic consultant, on questions of childcare is largely the mother-in-law.
17. Mothers watch television, largely in the evenings. They are very busy, they watch (not inteligable) local channel. TV Ostankino. They watch movies, concerts, they watch television with their children and with their mothers-in-law.
18. Only one mother in the mountains listens through Kyrgiz radio. The others don't have radio.
19. Mothers don't read newspapers, and don't buy them.

From the three mothers, whose children have had measles, one child was immunized according to Form-112 (there were no data from 063), the child was immunized late, in connection with a need to move to Kazakhstan. Another child was not immunized, as he was living in the
mountains, and because of the absence, at that time, of measles vaccine. It was impossible to find out the reason why he was sick, based on Form-112.
Focus Group With Mothers
Focus Group #4
Bishkek, November 14, 1994, 16:00
Polyclinic No. 5

The focus group includes five mothers ages 19 to 32.

1. How many children do you have? Age? Sex?

   (1) 3 children, 2 boys, 1 girl ages 8, 7, and 5
   (2) 2 children, boy age 3, girl age 2
   (3) 1 child, boy 4 1/2 years old
   (4) 1 child, boy 1 1/2 years old
   (5) 3 children, ages 11, 8 and 2

2. Which childhood diseases do you fear most?

   (5) My middle daughter at three years of age had jaundice.
   (2) Jaundice
   (5) I am most afraid of poisoning
   (1) Diphtheria is dangerous, I heard about it on tv
   (4) All diseases are frightening
   (3) There is a lot of diphtheria in the city. It's widespread. There is measles and it's the season for jaundice.

3. Which illnesses could be prevented with the help of vaccination? Which others?

   (2) measles
   (3) diphtheria
   (4) tetanus
   (5) everything

4. What is your attitude toward shots? Do you think they are beneficial? Do you think they are dangerous?

   (1) All shots were done on time
   (2) Shots are serious they prevent frightening diseases of children
   (3) My boy is 4 and has had all his shots
   (4) I think shots are necessary
   (5) I have a positive attitude toward shots

5. Against which illnesses has your child had shots?

   (1) measles, polio
   (5) measles
   (2) tetanus

6. Were the shots given on time?

   (2) From 2 months everything was given on time
   (1) When my child was sick, I delayed shots by 1-2 months. I was worried and thought the child should get better before had
had shots.
(3) I had to delay up to five months, then I got all shots.
(4) All shots done on time.
(5) All shots done on time.

7. What were the reactions to the shots?

(1) Oldest child had a rash.
(2) Child had temperature of 38 degrees.
(3) All was normal.
(4) After 1 shot, the child was fussy but then o.k.
(5) The child was weak and fussy but otherwise o.k.

8. How do you know when the next shot was to be given?

(1) The doctors tell us.
(2) The nurse told me.
(3) Nurse told me.
(4) The nurse called me.
(1) The nurse explained what shots you give before age 1.

9. Who is more responsible for keeping track of shots, the mother or the doctor?

(1) Mother
(2) Mother
(5) Only the mother

10. In what cases should a child not be given shots?

(5) When a child is sick, he shouldn't have shots. Like when he has a cold or a fever.
(1) With any temperature.
(3) Its o.k. to have a shot with low temperature but not with high temperature.

11. If your child is not well, but the doctor recommends that he be given a shot against a disease like diphtheria, what would you do?

(5) I would give him the shot.
(2) I would give him the shot.
(4) I would give him the shot since he will need it anyway provided he is not seriously sick.

12. Do you have enough information about shots?

(1) Radio provides information.
(2) I need more information like what kind of shots are there, why they are needed and what kind of reactions you get toward shots.
(3) We need more information.
(1) More literature is needed for mothers.
(5) There is too little information.
13. Where do you get your information on shots?

(3) doctors
(1) I hear about it -- some say you shouldn't have shots.
(3) In Komsomolskaya Pravda there was an article that shots do more harm than good. I therefore started to be afraid of them.

14. Where would you like to get your information?

(3) Brochures and printed materials. The material should be in written form.
(5) The material should be in written form.
(1) I want to see consequences -- results.

15. Has there been any change in your views about immunizations as a result of this discussion?

Participants agree that there has been no change.

16. Now that there is a growth in diphtheria in the country and fewer children are being immunized, what should we do?

(4) Talk to mothers more. Some mothers don't know about shots. Some think that shots don't work so they don't go.
(3) The lines are too long and the children get fussy.
(5) The lines are the main problem.

17. Do you watch television?

(2) I watch television every day even though there is nothing good on.
(5) Before there were good shows on television like Zdorovje (health).
(2) There is nothing on television about child health.
(3) I like to watch artistic films.

18. What time do you watch television?

(2) In the evening.
(3) After 6 p.m.
(5) In the evening.
(4) Sometimes with my child during the day.

19. What shows do you watch?

(4) Whatever is on
(3) Pyramid and Moscow programs
(1) Posdravlenie (??)

20. Do you listen to the radio?

(5) I listen every day.
(3) There is not enough information on the radio.
(2) I listen to the radio all day.
(1) I listen to the first channel. It’s mostly all politics.

21. Do you read the newspapers?

(5) I read newspapers
(3) I read Vecherni Bishkek, supplement to Argumenti i fakti and Pyramid.
(4) Pyramid, Efir.
(2) Delo.
(2) Delo.
(1) I don’t buy newspapers. It’s hard to subscribe.
(2) It’s hard to subscribe.
(3) It’s hard to subscribe.

Goal of Research: To determine the relationship of mothers to immunization.

Research was conducted by K.M. Monolbaev, Moderator; O. Safonova and K. Usenov, Assistant Moderators.

Goals:
1. To determine the levels of information that mothers have about immunization.
2. To determine the difficulties that exist in getting immunization.
3. To determine the best sources of information on immunization.
4. To determine the attitude of mothers toward immunization.
5. To determine the level of trust that mothers have to doctors, when it comes to immunization.

In the group there were eight participants. All were young women, having children.

1. Five of the women questioned had one child. Two had three children, and one had two children.

2. The majority of the respondants named diseases that you would receive shots for, including measles, pertusis, diptheria, polio-melitis. Some of them could name vaccines (DPT, tuberculosis, polio-melitis).

3. A significant part of those questioned consider that all diseases are dangerous for children. Only one of the participants was frightened by pertusis.
10. The children of the majority of the participants received their immunizations on time. Some were delayed due to medical deferments.

11. All participants had a favorable attitude toward shots. "The child, it is possible, will not get sick." "There are more chances that the child will not get sick." "Vaccinations will strengthen health and immunity." "It is better that a child not get sick." - Even a mother whose child experienced convulsions, as a result of an immunization, considered that, "you have to immunize children, in any case."

12. All participants would like to know more about shots. "Of course, we don't have enough information about shots." The most convenient method to get information about shots, the majority consider, is brochures. Almost all participants would like to have them, even if they would have to pay for the brochures. "A child's health is worth more. No matter what, I'd buy it." At the same time there was the opinion expressed about the necessity for lectures, which caused a discussion among the participants (everybody was involved in an animated way). Different opinions were expressed. "I consider lectures very important because when you read you may suddenly get some kind of question, and you have nobody to ask it to." "But, some mothers wouldn't come for lectures. Not everyone would come. This has happened before." "Those to whom their child is valuable, those would come."

13. All respondents listen to radio and look at television. However, not everyone has time to watch television. "I don't have time to watch all the programs." "I watch it in pieces of about ten minutes." More frequently informational programs are watched, such as Novosti and Help 911, and entertainment programs. It was noted by some mothers that on television there are not enough programs about children.

14. All respondents read newspapers. The majority of them read RIS, EFIR, and VICHERNI BISHKEK.

15. Difficulties connected with receiving shots, in the opinion of many participants are as follows.

1. "Long lines."
2. "Not enough nurses."
3. "Too much volume of work in the immunization office. The fluctuation of the medical workers (instability in staffing)."
4. "The lack, sometimes, of vaccine, alcohol."
5. "Mothers who have many children have noone to leave their children with."

16. The group, as a whole, had at first, a positive attitude toward immunizations. And, after discussion this opinion was not changed. "As I have done shots, I will continue to do them."

17. In response the question...reasons could impede a mother from coming for immunizations, one of the participants noted, "for personal problems." But, the majority of the respondents consider that the immunization is very important, and that they have to come in any case. "I would come for immunization, definately. The health of the child is the most
valuable." All of the participants were of the opinion that the responsibility for the health of the child is the responsibility of the mother, first of all.

Conclusions:

1. Mothers do not have enough information about immunizations.
2. Mothers are afraid of diseases that they encounter themselves, or are acquainted with, by relatives. They may not be life threatening, but to some degree they are dangerous (cold and jaundice).
3. The attitudes of the significant majority toward immunization is positive.
4. Mothers, in a large majority, trust doctors in general. And, in particular, in regard to immunization.
5. Difficulties in obtaining immunizations were identified.
6. The significant majority of mothers would pre...(tr note: abruptly ends).
1. How many children do you have?

(1) 1 child; 1 year old
(2) 3 children; 1 boy age 15; 2 girls ages 11 and 3
(3) 2 children; 4 year old and 5 month old boy
(4) 6 children
(5) 2 children boy and twin girls 5 years old
(6) 2 children girl 6 and girl 1 1/2
(7) 1 boy

2. What diseases do you fear the most?

-- cerebral paralysis;
-- measles and infectious diseases;
-- diseases you get from domestic animals;
-- jaundice;
-- blood disorders;
-- my child is not immunized, I am afraid of all infectious diseases;
-- diseases that cause an immune problem;
-- scarlatina;
-- jaundice;
-- jaundice;
-- gastrointestinal diseases.

3. What diseases can be treated through immunization?

-- polio
-- my son is just 1 1/2 and is only beginning his shots.

4. What do you feel about immunization?

-- if you don't get shots, you'll get diseases;
-- the doctor said that it's bad if you don't get shots, I don't know if it's true or not but I hear that shots only work 50% of the time. So half of the injections don't work or can weaken your system.

[Moderator: Where did you get this information?]

-- I didn't think about the diseases in Russia. Now that I'm back in Kyrgyzstan, I think I should give shots.

5. What is your attitude toward shots?
-- I am calm about them. If I need to get them done, then I do it.

If it helpd a child to bear diseases better, then it's o.k. A child can still get a mild form of the disease after a shot, but the shot will still help him. My attitude is positive.

-- What the doctor says is right. I want my child to get shots on time. I fear my child won't be protected without that. But I am afraid to get shots if my child is weak.

-- My child always gets shots. My younger child had no problems but my older child had problems after he was 6 months old.

6. Against which diseases have your children been immunized?

-- polio;
-- diphtheria and at the end of the month, he will get measles;
-- tuberculosis and he had no reaction;
-- we are just starting our immunizations but will continue;
-- all our shots were done on time like DPT and measles;
-- I will continue with shots but am not sure about measles for my older child because he has had problems and I fear jaundice (hemostat).

7. What do you think when shots are given and children get a negative reaction?

-- my child had thrombosis for a long time and I felt sorry that I had given him a shot. I wouldn't want to repeat that because the problem came as a result of the shot. So I don't want to repeat the shot.

-- Diphtheria has a bad prognosis. The fear of the disease is greater than the fear of the shot. At least the shot gives some protection. It gives some immunity.

-- All my children had no adverse reaction to shots. I had no fear of shots.

-- My child was fussy and didn't behave well after the shot. He got a fever but it only lasted one day.

-- He will get a fever so you worry.

8. Who prepared you to understand the consequences of shots?

-- Nurses told me about the consequences. I was scared but everything went well.

9. What were your fears?
-- I was afraid you can have an allergic reaction or a neurological reaction to shots. Some shots cause neurological problems.

-- The nurse or doctor tells us about the consequences. If there is a high fever you are supposed to call the doctor. You prepare for it.

-- I work in a kindergarten. The nurse tells us when to give shots and what reaction could be.

-- The school tells us about shots, that shots should be given. Teachers tell the parents.

-- The doctor and the nurse say that you can’t bathe the child because he had shots.

10. How do you know your child needs next shot?

-- The doctor/nurse calls home to tell me.

-- The nurse comes to the house to say which day to come for the shot about 2 or 3 days in advance.

-- The doctors control all this.

-- The medical workers tell me.

-- The doctors call and tell me when the next shot is usually 45 days in advance and then they call again the day before.

-- The same with me.

11. Who is more responsible for making sure your child gets his shots? The mother or the doctor?

-- The doctor
-- Both
-- The mother
-- Both
-- Both

-- The doctor has a lot of kids to take care of therefore the mother should be responsible.
-- The mother has the responsibility but young mothers don’t know much. The doctor knows better and should inform the mothers.

12. In what cases should your child not be brought in to get immunization?

-- when he has a cold;
-- when he has a fever;
-- when he has a cold;
-- when he has an allergy;
-- if he is sick he can’t have a shot. Then he will get the disease against which he is being immunized. You can’t introduce another disease into a weakened organism.
-- if he has a temperature or an allergy;
-- it is an extra burden on the organism;

Moderator: Everybody agrees that if a child is sick, the shot should be postponed?

-- A shot will not work if a child is sick.
-- A child will have a worse reaction to the shot if he is sick.

13. If a child is sick, the doctor says to give him the shot anyway, would you do it?

-- I would give the shot.
-- I wouldn’t go.
-- It depends upon how much confidence I have in the doctor. If I trust him, I will go.
-- I wouldn’t go.
-- When the doctor said to go I went, because I believed the doctor.
-- If there is no fever the night before, I would take my child for a shot. The need is to give the shot on time because if you don’t it can affect the immunity. Shots need to be given in 45 days or they won’t be as effective.
-- If a child is sick, he has low immunity so the shots won’t work.
-- You don’t give shots to a child who is weak.

14. Do you have enough information about shots?

-- We have information about shots that are already given. But we have no information about shots that have to be given in the future. We want this information.

-- We do not have enough information.

-- I don’t need more information.

-- I don’t have enough information.

15. What type of information do you want to get about shots?

-- What other shots need to be given and at what ages and from what diseases.

-- We know what shots we got in the past because the nurse and doctor tell us.

-- I don’t know what the shots were against.

-- We read newspapers and journals like Zdarovie.
Now television talks about cholera and diphtheria. If its dangerous, we should give shots to adults too.

-- The doctor tells me about shots.

16. Where do you want to get information from?

-- Calendar (schedule) in the polyclinic. Short information would be good so I can take it home.

-- When we stand in line, we should have brochures to read.

-- We need little books.

-- Television is the main source of information.

-- Radio is important.

-- Television is important but it doesn't give you any information about shots.

-- The simplest thing is to have a table on which the age of the child and the shots he is supposed to get are listed. Mothers can't go to the library and look up articles about this.

-- A schedule is needed so you can always look it up and also brochures.

17. Has your attitude toward immunization changed as a result of the discussion.

-- It was positive and stayed positive.

18. What about vaccination against measles?

-- The nurse insisted in kindergarten that my son get a shot. I didn't want it. I was afraid the nurse would give it to him anyway. The nurse didn't know what the disease will do to my son. Nurses think that everyone should have shots. I was so afraid that they would immunize him that I stayed home from work and kept my child home from school.

(note: this was the mother whose child had a hemostat reaction to a previous shot)

19. What should be done to protect children?

-- We need more medicine and vaccines. We don't have medicines, the pharmacies refuse to give you what you want.

-- We need to give shots on time.

-- We need more information.
Many parents are against shots. They think that they don't see enough results. They don't see the results so they don't believe in shots.

This is because there is not enough information.

They think that a shot is a type of medicine. So if a child is not sick, why does he need medicine?

Now people are saying that shots should be banned.

People fear infection from shots.

If a child goes to school, he will get his shots. If a child stays at home, his mother may not take him in for shots because she doesn't understand why she has to.

Many children don't go to kindergarten anymore. Mothers who stay at home don't have information. If she doesn't want to or is lazy, she won't take her child in for shots so the diseases increase.

We are told by doctors, we don't have vaccine and have to come back again. This is hard. We have to stand in line again.

20. Do we need to do something to have mothers take their children in for shots?

In each area (uchastok), the nurse should inform the mother.

If the mother has information, then she will come in for shots. The ones who wouldn't come, they'll never come anyway.

It's a psychological trauma for a child to get a shot.

21. What information would convince you that shots were more beneficial than harmful?

Concrete examples of a child not getting sick as a result of the shots.

Show potential danger to a child from not getting shots.

Give real life examples.

There is a doctor friend I have who doesn't immunize her own child.

Examples from life; information from doctors.

Show what will happen if a child is not immunized.

Information about beneficial results.
-- Results of what happens after you get a shot like the child won't get sick if he comes into contact with the disease like in school.

-- Tell how frightening this can be. Show the frightening symptoms of the diseases.

-- It is important to scare the mothers.

22. Do you watch television.

-- I don't watch.
-- I watch if I have time.
-- I turn on the radio when I am in the kitchen.
-- I watch mostly in the evening.
-- I sometimes watch in the evening.
-- I don't have a television in the kitchen and don't watch anything regularly except the news.

-- I watch Santa Barbara sometimes.
-- I watch programs with my children.
-- I watch prime time shows, TEMA and entertainment.
-- Mostly I watch Ostankino.

23. Do you listen to radio?

-- Sometimes I tune in.
-- I listen to the youth channel Mayak
-- Pyramid has some medical information.

24. What newspapers or journals do you read?

-- Zdarovie
-- Pechersk?
-- Vecheni Bishkek
11/21/94

FOCUS GROUP GALABAD, KARA-BALTI
Children's Poly-clinic

1. How many children do you have? What are their ages?

1. One child, eight months, boy.
2. One child, six months, boy.
3. One child, 1.1 months, girl.
4. One child, four months, boy.
5. One child, 1.11 months, girl.
6. One child, 8 months, boy.
7. One child, 9 months, girl.
8. One child, 4 months, girl.

2. Have you been informed about children's diseases which can be prevented through immunization? What are these diseases?

1. Measles, diptheria.
2. Not legible.
4. Polio, melitis.
8. Tetinus.
7. I don't know.
4. Pertusis, diptheria.
2. Diptheria in general (not legible) if right away you don't diagnose it.
1. All diseases are serious.
3. All diseases are serious.
6. If you don't do shots you can die.
8. Diptheria, there could be complications from diptheria, there is not enough air, and the child can suffocate.

4. Please tell about your attitude toward immunization.

3. They do immunizations to develop immunity, and a child will not then get sick. I also (not legible). They did shots when I was a child. Our mothers were not upset and we did not get sick. Now mothers are upset (not legible).
7. Not legible.
6. In all countries it's a custom to give shots. So, why shouldn't we do them?
4. We have to do them to protect to protect children. We have to do them so, we do them.
8. We have to do them on time.
The mothers reaction to shots is generally positive, everybody agrees. Mothers all think that shots are useful.

1. Diseases of course, we spoke about that.
5. There are children with counter-indicators. (not legible).
7. There are children who are vaccinated healthy (not legible).

5. Against which diseases are your children immunized against?

1. They received shots in the birth center, and three shots of DPT.
2. They received shots in the birth center, and three shots of DPT.
3. In the birthing house, and one DPT, and tuberculosis, in the arm.
4. Shots were done in the birth center, and DPT. (not legible).
6. DCG at the birth center, and DPT because of age factors was still not done.
8. DPT, and we received a shot (not legible).
7. We did DPT and DCG.
5. Shots of DPT and against diptheria.

6. Mothers, do you think your children are immunized against major diseases?

1. I don’t know.
5. He is immunized against diptheria (not legible).
3. We haven’t done shots against diptheria, yet. (not legible) We did BCG.
1. We did DPT, this is the shot against diptheria.

7. Who receives shots, and when?

3. I will do them tomorrow.
5. We will do the shots for the child against measles at five to six months of age.
8. We haven’t done them yet.
5. My daughter had an increase in (not legible).

6. What do you know about shots?

1. Before, DPT was done at the age of three months, and now at two months (not legible).
4. So, we will do them.
7. DPT we did at six, three-month intervals. I know the age.
8. In the birthhouse they do the BCG on the second or third day, and then we get a shot against diptheria (not legible).
6. The intervals, I don’t know, but on the second shot they do at 45 days (not legible).
5. As they schedule the children, that’s when I come.
3. If you have hard currency (not legible)
1. He took the shot badly. He had temperature up to 39 degrees, but the third shot was better. Then it was only up to 38 degrees. He had swelling at the injection sight.

8. He took the shot well without complications. But, one day he was week and (not legible).

7. I think the same and (not legible).

2. The first shot was fine, but the second (not legible).

6. Their were no general reactions that were noticeable.

3. At the first DPT there was (not legible) it was bad (not legible)

5. Not legible.

4. He took the shots well, but was somewhat weak.

Mothers, your thoughts?

If I give shots to the child (not legible).

4. It is better to get the shot, than to later get sick.

1. The first shot was done without (not legible) and the second, I was very sorry for my child.

7. I don't even look, because I feel so sorry for my child.

2. (not legible) after the shot I feel very sorry for him. Sometimes, he cries.

8. How do you know your child needs the next shot?

2. The doctors and nurses (not legible).

1. They talk about the schedule (not legible) for the child.

6. (not legible).

Mothers, who should have the responsibility for the children to have immunizations. In terms of getting the next shot?

2. It should be the mother.

1. Not legible.

2. Not legible.


2. Not legible.

8. Not legible.

7. Not legible.

(the recording of this interview has been stopped because it is not legible enough to continue).
Focus Group consisted of 1.) Turgunbai; 2.) Balmadek; and 3.) Svetlana Nikol.

Introduction.

1.)

1. The first respondent has two children, both are boys—9 years old and 24 months.
2. The second respondent has one child—two years old.
3. The third respondent has two children—a boy and a girl, under 24 months.

2.)

1. Reports diphtheria, measles, and tuberculosis.
2. Whooping cough, measles, and mumps.
3. (first disease not legible), tuberculosis, measles, bowel diseases and hepatitis B.

3.)

3. Afraid of diphtheria.
1. I agree, but cholera is also dangerous.
2. Agreed with the others.

4.)

3. I consider all immunization useful, but my child was not vaccinated.
2. In general, I consider vaccination positive. But, I read in Komsomolskaya Pravda negative publicity and I am ... (not legible).
1. The vaccinations are useful if they are done according to the rules, and if the vaccine is good. On the other hand, I am concerned that there are no disposable syringes. The repeated use of syringes can cause, or can transmit AIDS, or hepatitis.
3. You are afraid only of infection. General...in favor of vaccination (not legible in print).
3. My daughter is not vaccinated because of a medical deferment (allergy), and now she has also Angina, DPZ, or DP-3. I have to insist on immunization as a physician now, and do it, since presently there is a lot of diphtheria.

5.)

1. Against whooping cough in the poly-clinic.
2. Against measles, but doesn’t remember when it was done.
1. I also don’t remember. I know that vaccination was once delayed for 15 days since there was no vaccine.
6.
1. The physician informed me. Nobody gave me any.
2. I saw on the physicians wall a schedule.
3. I know about the schedules, I have the educational literature, I took it myself in the health center, the poly-clinic gave me nothing.

7.
2. There was a reaction in about a week. A light temperature. It is possible that that was not an adverse reaction, but the child simply got sick.
2. We were told that it should be that way.
1. We had it all.
2. I support vaccination, but if the physician wouldn't have warned me, I would have worried about adverse reactions.

8.
2. Information from the physician.
1. The physician and nurse.
2. The parents should be responsible for the schedule of vaccinations. I know ahead of time when the vaccinations are due.
1. The parents have to know.

9.
2. Long lines, and once there was a case where there was no vaccine.
1. Long lines are a problem. One is afraid to come late to work. It is necessary to ask permission to take time from work.
Document 5.

1. The majority of mothers do not consider the initial infection of children as the most dangerous.

2. In general, the mothers know which children's infections can be prevented by immunization.

3. The majority of mothers have a positive attitude toward immunization.

4. The majority of respondents did not consider the knowledge of immunization as sufficient.

5. The majority of mothers would like to receive information about immunization in the form of a brochure. Among the second source of information, they consider the work of medical personnel, television, radio, and print.

6. The majority of mothers received information about immunization from the medical personnel, and partially from television, or radio, from newspapers, or from friends or neighbors.

7. In order to improve efforts to immunize children, the mothers feel the need to increase the number of available immunization nurses, improve the supply of vaccine to polyclinics, disposable syringes, and make available to each mother the information sources on immunization services (brochures).

8. Most respondents trust medical personnel. Only some respondents are afraid of adverse events following the vaccination of children.

9. (not on tape) All respondents experience the fear of complications after inoculating the child.

10. Practically all mothers have approximate knowledge of medical deferments for vaccination.
APPENDIX B

INSTRUMENTS
(ROUGH TRANSLATION FROM RUSSIAN TO ENGLISH)
Guide for Focus Groups With Mothers of Children Aged 0-24 Months

1. How many children do you have? Age? Sex?

2. Do you know what childhood diseases can be prevented through immunization? What diseases are they?

3. Which of these diseases do you fear the most?

4. Could you tell us about your attitude toward shots?
   What do you think are shots beneficial or harmful?
   If beneficial, what do you think the benefits of shots are?
   If harmful, what do you think the harm is?
   If in doubt, what is the benefit and harm?

5. Against which illnesses has your child had shots?
   Has your child had shots against the diseases you consider the most dangerous?
   At what age has your child received a shot against measles?
   If your child has not received any in the series of shots, then why not?

6. What do you know about the schedule of shots?

Questions to Mothers Whose Children Have Had Shots:

7. Can you tell us your personal experience?
   How has your child reacted to shots?
   Can you tell us about your feelings when your child received a shot?

8. How do you find out that your child needs the next shot?
   Who should be concerned about the child receiving the next shot on time?
What do you think, is it important for mothers themselves to know about the schedule and to keep track of their children's shots?

9. In your opinion, in which cases should a child not get a shot?

10. In your view, if a child is not sufficiently well and the doctor recommends giving the child a shot, would you agree?

   In what cases would you agree? Refuse?

   On what will you base your decision?

11. Is the information you currently have on shots sufficient for your needs?

   If not, what information would you like to have about shots?

12. Where do you get information about shots?

   From where would you like to get information?

13. In our Republic, the majority of children used to get the necessary shots. Now, the number of vaccinated children is decreasing. The number of cases of disease is growing. You know that the number of cases of measles and diphtheria has increased. What, in your view, can convince mothers who refuse to immunize their children to do so? What information would these mothers need and from whom should this information come?

   And what would be most convincing for you personally?

Questions to Mothers Who Have a Negative Attitude Toward Shots

14. What information and from whom would convince you that shots are more beneficial than harmful?

15. Do you watch television?

   If yes, then what programs do you watch most frequently?

   When do you watch them?

   On which channel/s are these programs shown and at what time?

16. Do you listen to radio?

   If yes, then when do you listen to radio?

   What programs do you listen to most often?
On channel/s are they broadcast and at what time?

17. Do you read newspapers?

If yes, what newspapers do you read most frequently?
GUIDE FOR FOCUS GROUPS WITH MOTHERS WITH CHILDREN FROM 13 TO 24 MONTHS OF AGE WHO RECEIVED IMMUNIZATIONS LATE

1. How many children do you have and what ages are they?

* Instruction to interviewer: tell mothers, that the discussion will cover one child under 24 months. If a mother has two children under 24 months, then she will need to talk about the older of the children.

2. Do you know children’s diseases that could be prevented with the help of shots? What diseases are these?

3. Which of these diseases are you most afraid of?

4. Against which diseases does your child have shots?

   Probing questions: Does your child have shots against those diseases that you consider the most dangerous?

   At what age did your child receive a shot against measles?

   If the child did not receive any shots, ask why?
5. Your child received shots late. Why? What prevented you from having the shots done on time?

6. What do you know about the schedule for shots?

Questions for Mothers Whose Children Have Shots:

7. Please tell about your personal experience.
   - How has your child reacted to shots?
   - Can you tell about your feelings about when your child received a shot?

8. How do you know that your child needs the next shot?
   Probing questions: Who should be concerned about whether a child gets the next shot on time? What do you think, is it important for mothers themselves to be concerned about and follow the schedule for shots?

9. What type of problems have you encountered while getting shots? What ways do you see to resolve these problems?
10. What do you think, in what instances is a child not able to get shots?

11. If, in your view, a child is not well enough, and the doctor recommends that he be given a shot, would you agree?
   
   Probing questions: In what cases would you agree? Refuse? What would you base your decision on?

12. Is the information that you have about shots sufficient for you?
   
   Probing question: (If no, then...) What information would you like to receive?

13. From where do you receive information about shots?
   From where would you like to receive information about shots?
14. In our Republic, before, the majority of children used to get all their shots. Now the quantity of children with shots is going down and the number of cases of disease is increasing. You know that the number of cases of measles and diptheria has gone up. What, in your view, can convince mothers, who refuse shots to get them? What information and from whom? What is most convincing for you personally? How would you convince mothers who refuse shots?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

15. Question for mothers who have a negative attitude toward shots. What information and from whom would convince you that shots are beneficial?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

16. Who is your "household advisor" on questions dealing with care of children?

Probing questions:

women with significant experience?
neighbors?
mother?
mother in law?
sister?
husband?
grandmother?

17. Do you watch television?

(If yes) What programs do you watch most frequently? When do you watch them? What channel are these programs broadcast on and at what time?
18. Do you listen to radio?

(If yes) When do you listen to it? What programs do you listen to most often? What channel are they broadcast on and at what time?

_________________________________________________________________________________________  
_________________________________________________________________________________________  

19. Do you read newspapers?

(If yes) What newspapers do you read most frequently?

_________________________________________________________________________________________  
_________________________________________________________________________________________  
_________________________________________________________________________________________
QUESTIONNAIRE FOR MOTHERS WITH CHILDREN AGES 13 TO 24 MONTHS WHO HAVE HAD MEASLES

1. How many children do you have and what ages are they?

* Instruction to interviewer: tell mothers, that the discussion will cover one child under 24 months. If a mother has two children under 24 months, then she will need to talk about the older of the children.

__________________________________________________________________________

__________________________________________________________________________

2. Do you know children's diseases that could be prevented with the help of shots? What diseases are these?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

3. Which of these diseases are you most afraid of?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

4. Against which diseases is your child immunized?

   Probing questions: Is your child immunized against those diseases that you consider the most dangerous?

   At what age did your child receive a shot against measles?

   (If your child did not receive shots, ask why?)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
5. We understand that your child has had measles. What do you think the reasons are for why your child became ill?

Probing Questions: 1) Did the doctor tell you that your child cannot receive the shot on time. Why?
2) Did you miss the scheduled time for the shot. Why?
3) How can we avoid this in the future?

6. What do you know about the schedule for shots?

Questions for Mothers Whose Children Have Had a Shot for Measles

7. Please tell about your personal experience.

- How has your child reacted to shots?
- Can you tell about your feelings about when your child received a shot?

8. How do you know that your child needs the next shot?

Probing questions: Who should be concerned about whether a child gets the next shot on time? What do you think, is it important for mothers themselves to be concerned about and follow the schedule for shots?
9. What type of problems have you encountered while getting shots? What ways do you see to resolve these problems?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

10. What do you think, in what instances should a child not get shots?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

11. If, in your view, a child is not well enough, and the doctor recommends that he be given a shot, would you agree?

   Probing questions: In what cases would you agree? Refuse? What would you base your decision on?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

12. Is the information that you have about shots sufficient for you?

   Probing question: (If no, then...) What information would you like to receive?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

13. From where do you receive information about shots? From where would you like to receive information about shots?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
14. In our Republic, before, the majority of children used to get all their shots. Now the quantity of children with shots is going down and the number of cases of disease is increasing. You know that the number of cases of measles and diptheria has gone up. What, in your view, can convince mothers, who refuse shots to get them? What information and from whom? What is most convincing for you personally? How would you convince mothers who refuse shots?

15. Question for mothers who have a negative attitude toward shots. What information and from whom would convince you that shots are beneficial?

16. Who is your "household advisor" on questions dealing with care of children? (Write something particular that a mother mentions)

Probing questions:

- women with significant experience?
- neighbors?
- mother?
- mother-in-law?
- sister?
- husband?
- grandmother?

17. Do you watch television?

(If yes) What programs do you watch most frequently? When do you watch them? What channel are these programs broadcast on and at what time?
18. Do you listen to radio?

   (If yes) When do you listen to it? What programs do you listen to most often? What channel are they broadcast on and at what time?


19. Do you read newspapers?

   (If yes) What newspapers do you read most frequently?


GUIDE FOR CONDUCTING INTERVIEWS WITH PEDIATRICIANS AND NURSES

Date: ____________________ Oblast: ____________________
Occupation: ____________________ Raion: ____________________
Yrs of Experience: ____________ Level (SUB, SVA, FAP, CRB): ____________
Level of Work: ____________ Special Preparation in
Pediatrician: ____________ immunization: ____________
Nurse: ____________ Type of nurse: ____________

Explain to the person being interviewed that the interview will be used by the Ministry of Health to improve programs of immunization by creating a strategy of social mobilization.

1. Please note, when immunizations are given in your center.

   Probing questions.
   Do you offer immunization daily during the course of a week or only on certain days of the week or month?
   Which days? At what time?

2. What positive and negative results do you see from immunization?

   Positive: ____________________
   ____________________
   ____________________
   ____________________
   ____________________

   Negative: ____________________
   ____________________
   ____________________
   ____________________
   ____________________

3. In spite of the fact that the percentage of immunization coverage in Kyrgyzstan is high, nevertheless, it has decreased in several areas in the country. What, in your opinion, are the reasons for the decrease in immunization coverage?

   ____________________
   ____________________
   ____________________
   ____________________
   ____________________
4. What problems in immunization have you encountered?

Probing Questions: What is the situation with the delivery of syringes and vaccines? Do you find that the sterilization system is adequate? Are you worried about the possibility of hepatitis infection through the injection? What other problems with vaccines trouble you?

5. What difficulties do you experience when it is necessary to go to rural areas?

6. Do you have any personal doubts about vaccine?

Probing Question: (If yes, then) concerning which vaccines in particular? Why?

7. If a child has not received his primary vaccinations by the age of 13 months, what are the most common reasons for this?

1.
2.
3.
4.
5.
6.
7.
8.
9.
10. (Other, specify)

8. If a child is brought in for immunization, and it is not given, then what could be the reasons for it?
Probing question: Are there any other reasons why a given child would not have received a shot on a given day?

9. What is the reaction of parent to the fact that their child is not immunized on the day that he is supposed to be immunized?

Probing Questions: Are parents given a reason for why their child has not received a vaccination? (If yes, then) what is their reaction to this information?

For example, do they insist that the child receive the vaccination?

Do they agree to come back at another time?

Do they return?

10. What do you think parents think about immunizing their children?

- Do you think they understand the importance of vaccinating their children?
- Are they afraid of negative reactions?
- Are there counterindicators which prevent parents from having their children vaccinated?
- What else?

Do you have children? (If yes, then)

11. Could you please indicate if your own children have received the necessary vaccinations?

(If yes, then) Where they received on time or not?
(If no, then) Why?
12. Do you know that the Ministry of Health has recently developed a new set of regulations about counterindicators?

13. (If yes) Do you think that medical workers will have difficulties in following these regulations?

14. (If yes) What type of difficulties?

15. What do you think could be done to overcome these difficulties?

16. Do you know that the Ministry has developed a new immunization schedule?

17. (If yes) Do you think that medical organizations will have difficulties in fulfilling these regulations?

18. If yes then what difficulties?

19. What do you think could be done to overcome these difficulties?

20. From what sources, do you think, it is possible to get the most reliable information about immunization. Select three of the most important sources of information and mark them with numbers: 1 - indicating most important for you, etc.

   ___ Supervisor
   ___ Education in the place of work
   ___ Television
   ___ Newspapers
   ___ Professional journals. Please indicate them here.
   ___ Colleagues
   ___ Directives of the Ministry of Health
   ___ Professional Organizations (cite which ones) _____________
   ___ Seminars
   ___ Other ____________________________________

21. Who, in your opinion, should be primarily responsible about keeping to the immunization schedule: mothers or medical workers?

22. (If the answer selected was mothers) What can be done so the mother is able to fulfill her responsibilities?

23. What information, in your opinion, is necessary for mothers to be given about shots and by what means can this information be
given to them?

24. How education work is being done by medical workers with mothers? What role should medical workers have in this area? What assistance to medical workers require to conduct such work?
Жашы 24 айга чейинки балдары бар энелерден турган фокус-группалар учун көрсөтөмө.

1. Сиздин канча балаңыз бар, алар канча жашта жана кайсы жыныстагы?

2. Эмдеенүн жардамы менен алдын алуучу балдар оорулуруңын кайсынысы сизге белгилуу? Жана алар кайсы оорулар?

3. Ал оорулуруңын ичинен кайсылары сизди көбүрөөк тыңчсыздандырат?


5. Сиздин балаңыз кайсы оорулура каршы эмдееден өткөн? Сиз баарынан көркүнүштүүраақ деп эсептенен оорулура каршы балаңыз эмдееден өткөрүлүңүз? Сиздин балаңыз кайсы жашында кызылча оорусуна каршы эмделген?

6. Эмдеелердин мөөнөтү (графиги) жөнүнде сизге эмне белгилуу? Балдары эмдееден өткөрүлүн энелерге сүрөөлөр.

7. Сиз озвучуун жөнүнде тажрыбынаңыз жөнүнде айтып беринизчи? Эмдееден кийин бала өзүн кандай сезди? Балаңы эмдөгөнүн кийин сиз озвучуунун кандай сезгендигиниз жөнүнде айтып бере аласызбы?
8. Кезектеги эмдөөнүн баланыга керектиги жөнүндө көмөк билисиз?
Баланы керектеги эмдөөдөн ез убагында эткөрүү жөнүндө ким кам көрүүгө көрөңүз?

Энелердин эздерү эмдөөнү мененетүү (графигин) сактооңу билип, ез убагында камкордук көрүлүүлөрүн маанилуу деп эсептөйсүзбиз?
Эмдөөнү эткөрүүге байланышкан кандай маселелер сизди түнчсүздөндөрүзат?

9. Ал маселелерди кандай жолдор менен чөчүүнү сиз туура көрөңүз?

10. Кайсы учурда баланы эмдөөдөн эткөрүүгө көрөңүз деп эсептөйсүз?

11. Эгерде сиздин көз карашыңыз боюнча баланын ден сөзүтү анча жакшы болбоого, ал эми доктор аны эмдөөдөн эткөрүү көрөңүз деп көнөн бере, сиз макул болосүзбү?
Сиздин чөчүмүңүз эмнеге негизделет?
Кайсы учурда сиз макул болосуң/каршы болосуң.

12. Эмдөө жөнүндө сизге белгилүү болгон маалыматтар жетиштүүбү?
Эгерде жетиштүү болбоого анда сиз маалыматты алгыңыз көлөт?
Эмдөө жөнүндө маалыматты кайдан албасыз?

13. Эмдөө жөнүндө маалыматты кайсы жактан алгыңыз көлөт?

14. Биздин республикада балдардын көпчүлүгү мүрдө эмдөөдөн эткөрүүлү келген. Ал эми азыр эмдөөдөн балдардын саны темендеңде, оорулардын саны болсо өсүүде. Сиз билесизби азыр
кызылча, кептөөр оорулары тез-тез учурай турган болду. Сиздин кез қарап ұялы өз өмір баш тартқан әнелерди қандайча түшүндүргө қендурууге болот? (Бул үчүн) қайсы маалыматты жана аны қимден алууга болот?
Сиз үчүн қайсы маалымат ишенімдүүрөөк болот?

15. Әмдөңүң үңа жатқанда пайдасы көбөөк екендигі әдетінде қайсы жана қимден түшкен маалымат сизди ишенир еде алат?

16. Уйде балдарды багып кароо маселеси боюнча сиздин қөңілшчиңіз ким? (Тажрыбасы өчін аялбы, кошуна аялбы, эңеңізбі, кайын эңеңізбі, әңеңізбі, құйыңузың)

17. Телевизор қарайсызбы? (Егер карасаныз) көбүнчө қайсы программаларды қересіз. Аларды качан кересіз. Ал программалар қайсы каналдар боюнча қәрсөтүлөт жана қайсы убакта?

18. Радио ұгасызбы? (Егерде ұксаныз) Качан сиз әны ұгасыз. Көбүнчө қайсы программаларды ұгасыз. Қайсы каналдар боюнча жана қайсы убакта?

19. Гезит оқыснызға? (Егерде оқусаныз)
Көбүнчө қайсы гезиттерди оқысуз?
Получение информации на разных уровнях

I. На областном уровне
Областная СЭС
1. Место: Эпид. отдел
Лицо: Зав. эпид. отделом

2. Требуемые документы:
   а) Отчёт о выполнении плана профилактических прививок за 1993 г, за 9 месяцев 1994г.
   б) Заболеваемость инфекционными заболеваниями.
   в) Движение бак. препаратов. (журнал)

3. а) Отчёт о выполнении плана профилактических прививок за 1993 г, за 9 месяцев 1994г
   - выполнение плана профилактических прививок (корь)
   - количество сделанных прививок против кори
   - данные по области и по районам
   - количество не сделанных прививок и мед. отводов.

4. б) Заболеваемость инфекционными заболеваниями
   - по области и по районам количество заболевших корью
   - сравнение заболеваемость/охват

5. в) Движение бак. препаратов:
   - даты(сроки) получения вакцинных препаратов
   - даты(сроки) распределения по районам.

II. На районном уровне
РайСЭС
1. Место: Эпид. отдел
Лицо: Зав. эпид. отделом

2. Требуемые документы:
   а) Отчёт о выполнении плана профилактических прививок за 1993 г, за 9 месяцев 1994г.
   б) Заболеваемость инфекционными заболеваниями.
   в) Движение бак. препаратов. (журнал)

3. а) Отчёт о выполнении плана профилактических прививок за 1993 г, за 9 месяцев 1994г
   - выполнение плана профилактических прививок (корь)
   - количество сделанных прививок против кори
   - данные по области и по районам
   - количество не сделанных прививок и мед. отводов.

4. б) Заболеваемость инфекционными заболеваниями
   - по области и по районам количество заболевших корью
   - сравнение заболеваемость/охват
5. в) Движение бак. препаратов:
- даты(сроки) получения вакцинных препаратов
- даты(сроки) получения учреждениями (ФАП, СУБ, СВА).
- отсутствие вакцин в учреждениях (ФАП, СУБ, СВА).

6. Карты эпид. расследования на заболевших корью.
7. Исследование случаев заболевших корью.
   Учреждение
   (ФАП, СУБ, СВА)

1. Лицо: Зав. поликлиникой, консультацией или фельдшер
   Дополнительно: мед. сестра прививочного кабинета.

2. Требуемые документы:
   а) Отчёт о выполнении плана профилактических прививок за 1993 г, за 9
      месяцев 1994 г.
   б) Заболеваемость инфекционными заболеваниями.
   в) Получение вакцинных препаратов.

3. а) 
   - выполнение плана профилактических прививок (корь)
   - количество сделанных прививок против кори
   - количество не сделанных прививок и мед. отводов.

4. б) 
   - количество детей заболевших корью
   - ф.113у и 063 у заболевших детей

5. в) 
   - даты получения вакцинных прививок.
   - отсутствие вакцины.
Руководство по проведению Исследования Случаев заболевания детей и переболевших этими болезнями.

1. Определите (идентифицируйте) детей в возрасте от 13 до 24 месяцев заболевших корью на 30 сентября 1994 года.

2. Просмотрите форму 63 и внесите по форме следующую информацию по этим детям.

   - дата рождения/возраст на сегодняшний день
   - даты иммунизации (прививок)
   - своевременность получения прививки и причины "запаздывания" прививки

3. Просмотрите форму 122

   - даты, когда маму известили о дате прививки и даты, когда мама пришла на прививку
   - была ли мама своевременно оповещена о дате прививки и сама не пришла
   - что было предпринято мед.работником после того как мама не привела ребёнка в назначенный день
   - противопоказания к прививкам / когда они даются врачом и на каком основании
   - дата заболевания
   - осложнение после прививки или смерть

Вся информация по ребёнку до достижения им возраста 14 лет.
Где найти маму если семья привитого / не привитого ребёнка проживает и работает в том же районе.

- Зависит от медсестры - ведёт ли она такого рода записи.

- Медсестра помогает нам (исследователям).

4. Попытайтесь найти маму и назначить встречу. Если мама живёт рядом с лечебным учреждением (поликлиникой, ФАП, и т.д.), то маму можно пригласить. Или пойти к ней домой после рабочего дня.

5. Опросите маму по форме для заболевшего ребёнка.

Руководство по Исследованию случаев для детей не закончивших получение первичной серии иммунизации к возрасту 1 год.

1. Определите детей в возрастной группе от 12 месяцев до 18 месяцев, которые не закончили получать первичную вакцинацию.
   - поднять данные из детских больниц (отделений) со списками заболевших детей, а также журнал регистрации прививок;

2. Просмотрите форму 63 и внести следующие данные:
   - дата рождения, возраст на настоящий момент;
   - прививочный статус;
   - даты прививок полученных на настоящий момент;

3. Просмотрите форму 112 для этого ребёнка. Определите причины "поздней" вакцинации:
   - ребёнок был болен в назначенный день;
   - противопоказания в назначенный день;
   - вина мамы;
   - мама не хочет прививать ребёнка;

4. Попытайтесь найти маму и назначить встречу и т.д.

5. Опросите маму по форме для ребёнка с нарушениями графиком получения прививок.
Руководство для фокус-групп, состоящих из матерей, дети которых в возрасте до 24 месяцев.

1. Сколько у Вас детей, какого пола и возраста?
* Инструкция интервьюеру: скажите мамам, что дальше речь пойдёт об одном ребёнке младше 24 месяцев. Если у мамы два ребёнка данного возраста, то она должна говорить о более старшем.

2. Известны ли Вам детские болезни, которые можно предотвратить с помощью прививок? Какие это болезни?

3. Какие из этих болезней Вас больше всего пугают?

4. Расскажите, пожалуйста, о Вашем отношении к прививкам.
   Пробы: Как Вы думаете, прививки полезны?
   Если полезны, то почему? Если нет, то почему

5. Против каких болезней привит Ваш ребёнок?
   Пробы: привит ли Ваш ребёнок от тех болезней, которые Вы считаете наиболее опасными?
   В каком возрасте Ваш ребёнок привит против кори?
   Если ребёнок не получил каких-то прививок, спросить почему

6. Что Вам известно о сроках (графике) прививок?

Вопросы мамам, дети которых привиты:

7. Расскажите, пожалуйста, о Вашем личном опыте.
   - Как ребёнок переносил прививки?
   - Можете ли Вы рассказать о своих ощущениях, о том, что Вы чувствовали, когда ребёнку сделали прививку?
8. Как Вы узнаёте, что Вашему ребёнку нужна очередная прививка?

Пробы: - Кто должен заботиться о том, чтобы ребёнок вовремя получил очередную прививку?
- Как Вы считаете, важно ли, чтобы мамы сами знали и заботились о соблюдении графика прививок?

9. С какими проблемами Вы сталкваетесь в связи с проведением прививок? Какие Вы видите пути, способы решения (этих) проблем?

10. Как Вы считаете, в каких случаях ребёнку нельзя делать прививку?

11. Если ребёнок, на Ваш взгляд, недостаточно здоров, а доктор советует сделать прививку, согласитесь ли Вы?

Пробы: В каком случае вы согласитесь?
Откажитесь? На чём будет основано Ваше решение?

12 Достаточно ли Вам той информации о прививках, которую Вы имеете?

Проба: (Если нет, то) Какую информацию Вы хотели бы получить?

13. Откуда Вы получаете информацию о прививках?
Откуда Вы хотели бы получать информацию о прививках.

14. В нашей Республике раньше большинство детей получали все прививки. Теперь количество привитых детей снижается, а число заболеваний возрастает. Вы знаете, что участвались случаи кори, дифтерии. Что, на Ваш взгляд, может убедить мам, которые отказываются от прививок? Какая информация и от кого?
А что для Вас лично наиболее убедительно? Как бы Вы убедили мам, отказавшихся от прививок?

15. Вопрос мамам, которые относятся к прививкам отрицательно: Какая информация и от кого Вас убедила бы, что прививки полезны?

16. Кто Ваш "домашний консультант" по вопросам ухода за детьми?

Пробы:
женщины с большим опытом?
соседки?
мать?
свекровь?
сестра?
муж?
бабушка?

17. Смотрите ли Вы телевизор?
(Eсли да) какие программы Вы чаще всего смотрите? Когда Вы их смотрите? По какому каналу передаются эти программы и в какое время?

18. Слушаете ли Вы радио?
(Eсли да) Когда Вы его слушаете? Какие программы Вы чаще всего слушаете? По какому каналу и в какое время?

19. Читаете ли Вы газеты?
(Eсли да) Какие газеты Вы чаще всего читаете?
А у Вас есть дети? (Если да, то)

11. Скажите пожалуйста, а Ваши собственные дети получили необходимые прививки?
    (Если да, то) Вовремя или нет?
    (Если нет, то) Почему?

12. Знаете ли Вы, что недавно Министерство разработало новое постановление о противопоказаниях к иммунизации.

13. (Если да,) Предполагаете ли Вы, что медицинские работники будут испытывать затруднения при выполнении данного постановления.

14. (Если да, то) какие затруднения?

15. Что Вы думаете может быть сделано для того, чтобы преодолеть эти препятствия?

16. Знаете ли Вы, что Министерство разработало новый график по проведению иммунизации.

17. (Если да) Предполагаете ли Вы, что медицинские учреждения будут испытывать затруднения при выполнении данного постановления.

18. Если да, то какие затруднения?

19. Что Вы думаете может быть сделано для того чтобы преодолеть эти препятствия?

20. Из каких источников, на Ваш взгляд, можно получить наиболее достоверную информацию по иммунизации. Выберите тре наибольее важных источника и отметьте их шифрами: 1 - наиболее важный для Вас, и т.д.

    ___ Начальник.
    ___ Обучение по месту работы.
    ___ Телевидение.
    ___ Газеты.
    ___ Профессиональные журналы. Пожалуйста укажите их здесь:
    ___ Коллеги.
Директивы Министерства Здравоохранения.
Профессиональные организации. (назовите какие)
Семинары.
Другое

21. Кто, на Ваш взгляд, должен прежде всего заботиться о соблюдении графика прививок: мать или медицинские работники?

22. (Если выбран ответ "мать") что мы должны сделать, чтобы она хорошо с этим справлялась?

23. Какую информацию, на Ваш взгляд, необходимо дать матери о прививках и каким образом, каким способом?

24. Какая пропагандистская работа проводится медицинскими работниками с мамами? Какую роль должны в этом играть медработники? В какой помощи нуждаются медработники в проведении такой работы?
Руководство по проведению подробных бесед с педиатрами и медсестрами

Дата: ____________________
Должность:__________________
Накопленный опыт: _______(лет)
Стаж работы ________________
Педиатра: ___________________
М.сестры:__________________

Область:____________________
Район:_____________________
ЛПУ: ( СУБ,СВА,ФАП,ЦРБ )
Специальная подготовка в области иммунизации: ________________
Категория медсестры__________

Объясните опрашиваемому лицу, что данный опрос используется Министерством здравоохранения для улучшения программы иммунизации путём создания стратегии общественной мобилизации.

1. Пожалуйста укажите, когда в Вашем центре проводится иммунизация. Зондирующие вопросы.
   Предлагает ли Вы иммунизацию ежедневно в течение недели или же только в определённые дни недели или месяца? В какие дни? В какие часы?

2. Какие положительные и отрицательные результаты иммунизации Вы видите?
   Положительные _____________________  Отрицательные _____________________
   ___________________________________
   ___________________________________
   ___________________________________
   ___________________________________

3. Несмотря на то, что процент охвата иммунизацией в Кыргызстане высок, тем не менее он понизился в некоторых районах страны. Какие по Вашему мнению существуют причины снижения охвата иммунизацией?
Вопросник для матерей детей в возрасте от 13 до 24 месяцев, которые поздно получили прививки.

1. Сколько у Вас детей, какого пола и возраста?
* Инструкция интервьюеру: скажите мамам, что дальше речь пойдёт об одном ребёнке младше 24 месяцев. Если у мамы два ребёнка данного возраста, то она должна говорить о более старшем.

2. Известны ли Вам детские болезни, которые можно предотвратить с помощью прививок? Какие это болезни?

3. Какие из этих болезней Вас больше всего пугают?

4. Против каких болезней привит Ваш ребёнок?
 Пробы: привит ли Ваш ребёнок от тех болезней, которые Вы считаете наиболее опасными?
 В каком возрасте Ваш ребёнок привит против кори?
 Если ребёнок не получил каких-то прививок, спросить почему.
5. Ваш ребёнок был привит поздно. Почему? Что помешало получить прививки вовремя?

6. Что Вам известно о сроках (графике) прививок?

Вопросы мамам, дети которых привиты:

7. Расскажите, пожалуйста, о Вашем личном опыте.
   - Как ребёнок переносил прививки?
   - Можете ли Вы рассказать о своих ощущениях, о том, что Вы чувствовали, когда ребёнку сделали прививку?

8. Как Вы узнаёте, что Вашему ребёнку нужна очередная прививка?

Пробы: - Кто должен заботится о том, чтобы ребёнок вовремя получил очередную прививку?
   - Как Вы считаете, важно ли, чтобы мамы сами знали и заботились о соблюдении графика прививок?
9. С какими проблемами Вы сталкиваетесь в связи с проведением прививок? Какие Вы видите пути, способы решения (этих) проблем?

10. Как Вы считаете, в каких случаях ребёнку нельзя делать прививку?

11. Если ребёнок, на Ваш взгляд, недостаточно здоров, а доктор советует сделать прививку, согласитесь ли Вы?
   Пробы: В каком случае вы согласитесь?
   Откажетесь? На чём будет основано Ваше решение?

12. Достаточно ли Вам той информации о прививках, которую Вы имеете?
   Проба: (Если нет, то) Какую информацию Вы хотите бы получить?
13. Откуда Вы получаете информацию о прививках? 
Откуда Вы хотели бы получать информацию о прививках.

14. В нашей Республике раньше большинство детей получали все прививки. Теперь количество привитых детей снижается, а число заболеваний возрастает. Вы знаете, что участились случаи кори, дифтерии. Что, на Ваш взгляд, может убедить мам, которые отказываются от прививок? Какая информация и от кого?
А что для Вас лично наиболее убедительно? Как бы Вы убедили мам, отказавшихся от прививок?

15. Вопрос мамам относящихся к прививкам отрицательно: Какая информация и от кого Вас убедила бы, что прививки полезны?

16. Кто Ваш "домашний консультант" по вопросам ухода за детьми?
Пробы: ____________________________________________
жительницы с большим опытом? _______________________
соседки? _______________________
мать? _______________________
свекровь? _______________________
сестра? _______________________
муж?

бабушка?

17. Смотрите ли Вы телевизор?
     (Если да) какие программы Вы чаще всего смотрите? Когда Вы их смотрите? По какому каналу передаются эти программы и в какое время?

18. Слушаете ли Вы радио?
     (Если да) Когда Вы его слушаете? Какие программы Вы чаще всего слушаете? По какому каналу и в какое время?

19. Читаете ли Вы газеты?
     (Если да) Какие газеты Вы чаще всего читаете?
A USAID-financed project administered by
The Partnership for Child Health Care, Inc.
Partners: Academy for Educational Development (AED),
John Snow, Inc. (JSI), and Management Sciences for Health (MSH)
1600 Wilson Blvd., Suite 300  Arlington, VA 22209  USA
Phone: 703-312-6800  Fax: 703-312-6900
Internet: infoctr@basics.org