

Rapid Behavioral Assessment and Message Testing to Strengthen Immunization among Rohingyas

Cox's Bazar, Bangladesh

Preliminary findings

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Objectives

- Obtain contextualized understanding of vaccination barriers and opportunities to strengthen vaccine confidence and demand
- Gain more in-depth understanding of community influence structures
- Solicit feedback on diphtheria vaccination messages, and identify opportunities for improving the messages and strategies

Methodology

- **Conducted 12 focus group discussions (FGDs)**
 - Mothers of under-five children (n=3)
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 - Community volunteers, majhi's, and imams (n=3)
 - Vaccinators/health workers (n=3)
- **Snowball sample of 120 total participants (10 in each FGD)**
 - Balukhali (n=4), Hakimpura (n=4), and Kutupalong (n=4)
- **FGDs covered the following domains**
 - General health and cultural practices, vaccination barriers, campaign experience, and message testing feedback

Findings – health and cultural practices

- **Religious beliefs influence health perceptions**
 - Allah (God) deemed ultimate decider of health and sickness
- **Mostly attribute health problems to poor environmental conditions**
 - Uncleanliness, dirty, filth, poor sanitation/hygiene, cooking oil / smoke
- **Elaborate traditional remedies exist for suspected diphtheria**
 - Gurgle with hot water, chili-paste and salt mixture, lime with honey poultice
- **Receive care for sick children from multiple sources**
 - Traditional/spiritual healers (budhors), informal doctors, mobile health clinics

Findings – vaccination barriers

- **Fear of mark being permanently left at injection site**
 - Belief that marking will prevent going to heaven, and will eventually become Christian in the after-life
- **Confusion about multiple injections and doses**
 - Lack of knowledge about need
- **Concerns about side effects and potential adverse events**
 - Fever, swelling, and pain following immunization

Findings – campaign experiences

Positive

- Expressed that vaccination is important and can prevent dangerous diseases
- Observed ‘fewer swollen necks’ in camps after vaccination campaign
- Felt cared for by the Government of Bangladesh and humanitarian workers

Negative

- Imams initially informed community not to accept vaccination
- Vaccinators never explained to them about the vaccines they were receiving
- Vaccinators were not ‘kind’ and ‘gentle’ with the children
- Some men/fathers didn’t want their daughters/women vaccinated by men

Findings – message testing

- **Messages were generally well understood**
- **Messages trusted** because they reportedly ‘observed fewer cases’ of swollen neck in the camps compared to before round-1 campaign
- **Recommendations for message improvement**
 - Messages should start with ‘Assahumulaikum’ & ‘Bismilahi Rahkmani Rahim’
 - Use male voice in audio messages (preferred by males and females)
 - End with: “Talk to your imam and majhi for more information”
 - Mixed feedback about need for music before message

Findings – trusted sources of information

Trusted messengers

Imams

Majhi's

Educated Rohingyas

Informal community doctors

Pharmacists

Hujjurs – heads of Madrassas

Elderly people

Preferred channels

Masjid (mosque)

Household visits

Block-level community meetings

Megaphone *reminders*

Health clinics

Recommendations – future campaigns

- **Revise campaign messages**
 - Continue to test messages ahead of campaigns and revise accordingly
- **Expand messengers**
 - In addition to majhi's and volunteers, broaden social mobilization to include other trusted leaders such as Imams, teachers (including hujjurs), informal doctors
- **Leverage other existing community channels**
 - Megaphones useful for reminder of campaign dates and location; but not sufficient
 - Leverage Friday Jumma prayer to widely disseminate messages through Imams
- **Explore new strategies**
 - Increase women's involvement during vaccination (leverage Model Mothers)
 - Consider creating 'closed-off' vaccination areas to respect gender sensitivity in Islam
 - Improve training of vaccinators – need to explain vaccines received & be nicer

Recommendations – routine immunization

- **Develop Social Mobilization Plan for routine immunization**
 - Use findings from focus groups and key informant interviews to guide strategies
- **Establish community engagement platform of influential leaders**
 - Shift from one-off social mobilization to ongoing community engagement
 - Imams, hujjurs, teachers, informal doctors, majhi's
 - Engage leaders to identify and address rumors, myths, misconceptions
 - Active promotion of routine immunization through community engagement
- **Explore faith-based messaging**
 - Work with imams to identify and use references from Quran and Hadith to support vaccination messages and build confidence/trust

THANK YOU!

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