



**REPORT ON
TV AND PRINT MATERIALS PRE-TESTING
FOR THE NATIONAL MEASLES IMMUNIZATION
CAMPAIGN**

Final Report

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APPENDIX

Appendix I - Parents Discussion Guide

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LIST OF ABBREVIATIONS AND ACRONYMS

| | | |
|--------|---|---|
| AIDS | - | Acquired Immuno Deficiency Syndrome |
| BCG | - | Bacille Calmette Gue'rin |
| DPT | - | Diphtheria |
| IMCI | - | Integrated Management of Childhood Illnesses |
| LC | - | Local Council |
| MNT | - | Maternal Neo-Natal Tetanus |
| OPV | - | Oral Polivirus |
| SSC | - | Social Structure Channels |
| UNEPI | - | Ugandan National Expanded Program on Immunization |
| UPHOLD | - | Uganda Program for Human and Holistic Development |

SECTION I

THE EXECUTIVE SUMMARY

1.1 INTRODUCTION

The Ugandan National Expanded Program on Immunization (UNEPI) in partnership with the Ministry of Health and other partners are planning a national measles programme targeting mass vaccinations of children from 6 months to 14 years of age. Reported outbreaks of measles in many districts in Uganda and pockets of resistance towards immunization in some population groups have necessitated the implementation of this programme. It should also be noted that in the past, a number of similar programs might have been hampered by low awareness and negative perceptions towards immunization. Therefore, it is critical that for the success of this program that a comprehensive sensitization campaign is implemented to increase awareness of the immunization week, knowledge on the benefits of measles immunization thereby increasing behavioral intentions of parents to have their children immunized.

As a precursor to the intervention, a formative and concept testing study was conducted to collect information that would guide the formulation of the communication campaign. The formative research first sought to collect information on the target audiences' knowledge and attitudes towards immunization. Potential motivators and barriers to immunization were also explored. The target groups were also probed on the various communication channels and networks for child health information they have access to. The study combined qualitative and quantitative methodologies.

In the qualitative study, three TV and print concepts¹ were tested and storyboards were used as the stimuli material. The target audiences were exposed to the boards as the moderator gave accompanying narrations. The selection criteria used were for the best concept in terms of communicating the benefits of immunization, dangers of measles, safety of the vaccine, the target group, the immunization dates, call to action and appeal. Six focus group discussions were conducted in districts of Kampala, Luwero, Mayuge, Bushenyi, Lira and Arua. The target respondents were parents (with children aged between 6 months and 14 years) and children (aged between 9-14 years). The discussions were guided by trained moderators who followed a pre-determined guide.

The quantitative study comprised of in-depth interviews with social structure channels (SSC)². A total of 168 interviews were conducted with teachers, health workers, faith based leaders, local councils (LCs), traditional leaders and healers. Amongst these target groups, print materials tested included the opinion leaders kit, the schoolteachers' resources and school children materials.

The summary of findings for these studies is presented in this section of the report. This summary is divided into two sections; the first section focuses on the findings from the qualitative research while the second one focuses on the findings from the quantitative study. In each of these sections, salient issues arising from both the formative and concept testing findings have been discussed.

¹ Concepts tested were Mr Immunizer, The Athlete, Care for Kids

² SSC are Teachers, Local Councils, Religious Leaders, Traditional Leaders, Health Workers

1.2 FOCUS GROUP DISCUSSIONS (PARENTS AND CHILDREN)

1.2.1 GENERAL HEALTH ISSUES

Common health problems in children

The diseases cited by both parents and children can be categorized by those caused by poor nutrition practices, by parasites and by poor sanitation. Top of the list were diseases like malaria, diarrhea, flu, influenza, worms, skin diseases, whooping cough and kwashiorkor. *Only the female parents in Arua, male parents in Lira and students from Bushenyi mentioned measles as a common childhood disease and this could imply that the disease is of little significance in other districts.*

A variety of measures are taken by parents to protect their children against such diseases and those taken against malaria include use of mosquito nets, clearing bushes and taking anti-malaria tablets. Findings of this study indicate that the prevention measures for malaria were widely known and this is an indication of how successful the malaria sensitization campaign has been. Immunization, proper feeding practices and proper sanitation were also seen as ways of preventing other childhood diseases. There were no differences noted in the knowledge base of parents and children with regard to preventive measures.

Parents feel that the success of such preventive measures is hampered by *poverty, cultural and religious beliefs*. Poverty perpetuates poor feeding practices, lack of access to information and inability to pay for some of the preventive procedures.

1.2.2 IMMUNIZATION – KNOWLEDGE, ATTITUDE & PRACTICE

Perception towards immunization

Both parents and children *associate immunization with measures taken to protect children against diseases*, with the most known one being polio. This is an indication that there is a positive perception towards immunization. The word “immunization” is also strongly linked to the “Kick Polio out of Uganda” campaign that was conducted a few years ago.

There is *an information gap as regards immunizable diseases* as respondents are not aware of all the diseases. Gender differences are noted and it is evident that the *males are aware of these diseases than women*. In addition, misconceptions are evident as mumps, malaria and typhoid are mentioned as being immunizable.

Some parents claim to have taken their children for *at least one immunization though measles is not commonly mentioned*. There is also a perception amongst the male respondents in Kampala that it is the responsibility of the mother to take the children to the health center for immunization, as they are the principal caregivers.

Motivators to immunization

One of the key factors influencing parents to immunize their children is *information received through mass media*. Some of the parents who had taken their children for immunization heard messages on radio while others read persuasive messages from newspapers and posters. Posters are read at the health centers as they wait to be attended to.

The strongest motivators to immunize their children were the *perceived threats of the diseases* and the threats of polio are the most scaring. The communication on the threats of this disease was mainly through powerful visuals that showed crippled children, which became a strong influencer to take children for immunization.

Perceived benefits of immunization were also strong motivators. Immunization was perceived as a *preventive measure against childhood diseases* and was also seen to *boost a child's immunity*.

Barriers to immunization

Inaccessibility to the immunization centers: findings of this study show that there is a link between access to the health centers and immunization practices. The immunization centers are located far away and the parents find it difficult to travel there.

Female parents in Mayuge and Arua mentioned the problem of distance as a barrier to immunization, with no mention of the same from the males. This is highly likely as women are primarily responsible for taking children to the health centers.

Reluctant health workers: There was negativity expressed towards the health workers especially by the female parents. Women are more likely to encounter such treatment as being primary caregivers of children; they visit the health centers frequently. The health workers are said to be rude and unhelpful to patients and therefore making parents reluctant to take their children for immunization.

Lack of knowledge: Findings of the survey indicate that there are misconceptions amongst the respondents about which diseases are immunizable, benefits of immunizing and the target age group for immunization. For instance there is a perception that only children below the age of 3 years are to be immunized and those beyond this age are unlikely to be taken for immunization. Lack of knowledge is common amongst the female parents and the children.

Political propaganda: There was a perception that immunization causes sterility. Therefore, the impression is that it is an initiative by the government to curb population growth. In Mayuge district, some women of childbearing age are against taking the MNT immunization due to the belief that it will make them barren. This negative perception amongst mothers in Mayuge may have a bearing on whether the measles immunization is accepted.

Perceived side effects: Immunization is associated with side effects such as fever and the persistent crying by children. Although immunization is expected to boost the child's health, such after effects do not meet the parents' expectations. These misconceptions were expressed in Mayuge, Bushenyi, and Luwero.

Culture: Tradition and culture have an impact on how the target audience interprets disease and this then determines the preventive or curative measures that will be adopted. This study indicates that there are some cultural norms that may hinder measles immunization. Symptoms of diseases like measles have been given cultural relevance far removed from biomedicine and referred to as curses, taboos or punishment for the breaking of societal norms. This has resulted in the perception that the disease cannot be treated through modern medicine.

Culturally, the male head of households are the key decision makers and can therefore influence health matters in the home. Due to the inferior position of women, they are unlikely to take their children for immunization if their spouses are against it. Therefore it is important that the intervention should also be targeted at men.

Fear of Injection: For most of the children there was an expressed fear of injection, which affects their perceptions towards immunization.

Perceptions towards Maternal Neo-natal Tetanus (MNT)

The parents are aware of the MNT vaccine and feel that it is important for preventing tetanus from being transmitted to the unborn child. The vaccine is commonly associated with pregnant women. There are also concerns raised by the female parents; that the vaccine causes the *arm to swell* or become *paralyzed* and *get a fever*.

1.2.3 COMMUNICATION CHANNELS AND NETWORKS

Channels for information of child health matters

The main sources of information on child health matters cited by both the parents and children were *radio, posters, friends, political leaders, health personnel, newspapers, school children and community-based health workers, friends, family members and relatives*. Surprisingly, there was no mention made by the school children of teachers providing them with such information.

Both parents and children prefer radio as a channel through which to receive information on health matters as most of them have access to one.

Whereas the *male parents preferred radio, newspapers and posters* as a source of information, the *female parents preferred radio and community based health workers*. The latter feel a need to have face-to-face interactions with the sensitization agents as this provides a forum to clarify issues that they may not understand. Newspapers and posters are liked because of their pictorial illustrations.

Amongst the *out of school children*, there is a strong preference for *medical personnel* as a source of information and they are perceived to be most knowledgeable about health issues.

Role of health workers in the measles immunization campaign

Amongst the parents, there was a consensus that health workers are knowledgeable on health issues and they can *play an important role in disseminating information*.

However there are some *negative perceptions* amongst the parents that need to be addressed to ensure that the programme is successful. The health workers were viewed as *reluctant to help, rude, poor communicators and slow in serving patients*. Nevertheless health workers were recognized as important channels through which information on measles immunization can be disseminated provided they are given refresher training. In addition, the role of the health workers as delivery channels for the immunization program cannot be ignored.

Children were seen to play a major role in providing health information learnt from school to their parents. It was perceived as an adequate channel of information on health issues.

There is a feeling that in the past, communication about measles has not been effective because most of it has been *done by outsiders who in most cases were not conversant with the local reality and languages*. In addition, *past immunization campaigns had been implemented within a very short time, which did not allow for the parents to get feedback on any misconceptions* or information gaps that had a potential of deterring them from immunizing their children.

Information on measles immunization

There is a *large information gap* amongst parents and children in regard to measles immunization. Information needs on the disease centered on *preventive measures against measles, benefits of immunization, the age group of children who need to be immunized, number of times the child has to get the vaccine and the threats of not taking this measure*.

Findings of this survey also indicate that there are some *misconceptions on the disease* that the communication campaign has to address. There is a deep-rooted *belief that measles must attack all children and there is no need to take preventive measures*. Other misconceptions lie in the *treatment of measles*. There are traditional remedies such as abstinence from certain foods and the application of several ointments on the skin.

1.2.4 CONCEPT TESTING

a) Mr Immunizer

TV Concept – the message take out was that the *benefits* of immunizing children are that it protects them from measles and other diseases. It also communicates the *threats* of not immunizing, that the *vaccine is safe*, the *target group* to be immunized and the *dates* for immunization.

This advert *meets the criteria for call to action*, as it would motivate parents to take their children for immunization. In addition, both categories of children said that they would visit an immunization center on seeing this advert. In addition, the concept has a strong call to action for social mobilization as both parents and children said they would sensitize others and also encourage others to take children for immunization.

However, there are *misconceptions* with the advert. The respondents were *unable to link Mr Immunizer to the injection*. The respondents wonder whether Mr Immunizer refers to the vaccine, the health workers or the child who is immunized.

Respondents in Kampala are concerned about the *use of a vulture* to illustrate the measles germs. They fear that this may be given *cultural or religious relevance* and respondents may try to prevent or treat the children through the wrong means.

Overall, there was a perception that this concept had a logical flow of events because it was easy to understand and conceptualize the messages.

TV end board – this board communicates the *benefits* of immunizing children and the immunization *dates*.

The end board had an illustration of Mr Immunizer holding a *shield* and this was interpreted in two different ways. Parents from Kampala feel that the shield has been *used before the advertising for condoms* and therefore not appropriate for this advert. In addition, use of the *shield was seen to contradict the super hero image* depicted by Mr Immunizer and respondents wonder why he needs a shield to protect himself.

The *tagline “The Immunizer is with you”* was viewed as *shallow* and does not communicate any benefits, threats or call to action.

Poster – the message take out from this poster is the *immunization dates*, the *target group* for immunization and *the benefits*. The use of the Ugandan flag is found to be appealing and communicates that the programme is a *nationwide issue*. The poster also has a *strong call to action* which is clearly communicated by the words “Visit your nearest immunization post”.

Although the poster was liked, the respondents noted that, it *looked congested* as it had too many illustrations.

Respondents were also probed for their preference between the names Mr Immunizer or The Immunizer. Preference was for the latter although there were no extreme dislikes for the former.

b) The Athlete

TV Concept – this concept communicates the *benefits* of immunization (prevention of measles, other diseases and healthy growth for children). The *threats* of the disease such as death are also illustrated in the advert. Other message-take out is the *vaccine is safe*, and *the immunization dates*. The concept communicated that, families that have immunized their children are happy. The concept was also associated with *success* and this was depicted by the variety of personalities on the advert calling for a collective effort to fight measles.

The concept would motivate parents to *take their children for immunization*, the children to take themselves and *to sensitize others* on the same. The out of school children feel that the advert motivates them to play an active role in *distributing posters on immunization*.

The concept is centered on *role models* like Dorcus Inzikuru, Charlie Lubega, Justin Juuko and Miss Uganda who *are unknown* to the respondents in rural areas. This generates the perception that the message is targeted at those in urban areas. Those in rural areas suggest the use of local role models that they can identify with to ensure acceptability of the message.

The concept is also seen to have a *gender bias*. This is noted by the male parents from Lira and Kampala who feel the *personalities on the advert are predominantly female*.

Although this concept had positive messages, the respondents had a problem with the flow of the message. There is a feeling that *the message on immunization comes too late* into the advert. Use of an *athlete was felt to be inappropriate for measles immunization messages* and seen more suitable for polio.

TV End board – The key message take out are immunization *dates*. The concept also depicts that families who immunize their children are *happy* and this is illustrated by the people on the poster who look happy.

The *tagline “Uganda united against measles” was seen to be the most important element* on the end board and communicated that the programme is a nationwide concern. However, respondents suggest the use of the flag to give emphasis to the word Uganda.

Poster – The poster communicates *happiness* and the *dates for immunization*. The poster also communicates that the immunization programme is a *nationwide concern*.

Respondents were also probed on their preference for presenting the death rates resulting from measles³. The commonly preferred phrasing amongst the parents was *deaths per year, as this would generate figures in millions*. It is felt that if the figures are presented in thousands, the parents may feel that their children are unlikely to fall amongst those that die.

c) Care for Kids

TV concept – this concept was seen to communicate that immunization *prevents measles and other diseases*. The concept also shows *that children who are immunized are healthy*. The concept also shows that the *disease is dangerous* and can kill. The use of a variety of role models communicates that measles immunization is a *collective responsibility*.

This advert would *motivate parents to take their children for immunization*. In addition, both categories of *children said that they would visit an immunization center* on seeing this advert.

The advert is felt to *be too long* as it has many scenes and characters. This makes the advert *difficult to understand*. Although the use of role models is seen as important in communicating this issue, each talks of immunization on different scenes and this is interpreted as a form of disunity. Respondents suggest that all the role models stand together and speak about immunization in unison.

This concept generated negative associations as it was felt to have an element of *religious discrimination*. This is depicted by the use of a Christian religious leader who uses the word “Jesus”.

TV end board - this board communicated the *dates* for immunization and that immunization is a *parental responsibility*. The board also shows that, *families that immunize are happy*. The used of the “cartoon” like faces was perceived as a communication material suitable for children as they are the ones likely to appreciate the illustration.

The concept is not unique, as *this illustration has already been used for a blood donations campaign*. Therefore, there is likelihood that the concept will not communicate the intended message.

The *tag line “Care for kids” is found not to be ideal for communicating about a life threatening disease*. Parents suggest that this tagline be improved to read, “Save your child’s life” or “Protect your child”.

Poster – this poster was seen to be too brief and the key message take out was that, *both parents should play a role* in the immunization process. The poster also communicated about the immunization *dates*.

³ The moderator probed on which statement communicated the threat of measles best – deaths per day, per month or per year.

This poster was felt to *be too brief* and did *not provide adequate information* on immunization. The tag line was also not found appealing enough to motivate parents to take their children for immunization.

Respondents were also probed whether they preferred the word “kid” or “children”. The word “*kid*” was *perceived as being westernized* and therefore inappropriate for the communication campaign.

Ranking of the three concepts

The selection criteria used were for the best concept in terms of communicating the benefits of immunization, dangers of measles, safety of the vaccine, the target group for the vaccine, the immunization dates, call to action and appeal. For each group that met the criteria, 1 point was awarded. For example, the points illustrated in the table below. The Immunizer was found to communicate about the benefits of immunization in all 6 groups hence the 6 points.

Table 1: Ranking of the concepts

| | THE IMMUNIZER | ATHLETE | CARE FOR KIDS |
|-----------------------|---------------|-----------|---------------|
| MESSAGES | | | |
| Benefits | 6 | 6 | 6 |
| Threats | 5 | 4 | 4 |
| Safety | 1 | 1 | 0 |
| Continuity of advert | 3 | 1 | 0 |
| Timing | 2 | 3 | 0 |
| Target group | 2 | 0 | 0 |
| CALL TO ACTION | | | |
| Take children | 6 | 5 | 5 |
| Sensitizing others | 5 | 6 | 6 |
| APPEAL | 4 | 0 | 2 |
| Overall score | 34 | 26 | 23 |

d) School learning resources

Lapel sticker – the key take out from the lapel sticker is that, *immunized children are happy*. Parents and children feel that the sticker is likely to make the children who are immunized to encourage others to do the same.

Despite the positive perception, there was some *dislike for the cartoon* on the sticker and it is suggested that a photo of a child be used instead.

Puzzle – this material is perceived to be a *good learning tool for children*. It is felt that the puzzle would motive children to sensitize others about the diseases. However, it is suggested that *instructions on how to use the puzzle should be provided*.

Posters – the key message take out from the poster are the *immunization dates*. The poster is likely to encourage parents and children to get involved in the immunization exercise. Suggestions on how to improve this material center on the *inclusion of the age group of children to be immunized and changing the cartoon*.

1.3 IN-DEPTH INTERVIEWS (SOCIAL STRUCTURE CHANNELS)

This section of the report summarizes the key findings from the in depth interviews. The findings have been reported in aggregate of the total sample. An analysis has also been done to determine if there were any differences in the findings across the districts and the various categories of respondents. Where there are differences in the findings, these have been highlighted.

1.3.1 GENERAL HEALTH ISSUES

Health problems facing children

According to SSC, the two diseases generating the highest mentions as ones that commonly face children are *malaria and measles at 82% and 51% mentions* respectively. All other diseases generated below 25% mentions of the total sample.

Differences in knowledge are noted across respondents from the various districts (see *table 2 below*). Mention of measles is highest in Mayuge (89% mentions) and Arua (75% mentions) while in other districts, the disease generated below 50% mentions. This is an indication that in Luwero, Kampala, Bushenyi and Lira, the disease is not considered a major threat.

Table 2: Health problems facing children by district

| | Luwero | Mayuge | Kampala | Bushenyi | Lira | Arua |
|---------|--------|--------|---------|----------|------|------|
| Total | 28 | 28 | 28 | 28 | 28 | 28 |
| Malaria | 71% | 96% | 89% | 86% | 79% | 71% |
| Measles | 35% | 89% | 24% | 38% | 45% | 75% |

A look at the perception of key childhood diseases by category of respondents indicates that the *health workers, faith based leaders and traditional leaders* were more aware of measles as a key childhood disease than the teachers and LCs were (see *table 3*).

Table 3: Health problems facing children by district

| | Teachers | Health workers | Faith based | Traditional leaders | L.Cs |
|---------|----------|----------------|-------------|---------------------|------|
| Total | 36 | 36 | 36 | 36 | 36 |
| Malaria | 78% | 78% | 89% | 86% | 79% |
| Measles | 43% | 54% | 53% | 55% | 42% |

Knowledge of tetanus, Vitamin A deficiency & worms

The study also centered on the respondents' knowledge of tetanus, worms and Vitamin A deficiency. They were asked to state in general what they knew about the three health issues⁴ and the prevention measures.

Tetanus: According to the respondents, the highest mentions is that **tetanus** is caused by germs that enter an open wound (32% mentions) and that it kills if not treated on time (23% mentions).

Out of the total sample, *65% feel that tetanus can be prevented through immunization.* Differences in the knowledge base for the preventive measures are observed in the various categories of respondents. 72% of the teachers know that the disease can be prevented through immunization as compared to 69% of the faith based leaders and traditional leaders. Mention of immunization is comparatively lower amongst the health workers (64% mentions) and LCs (50%).

Vitamin A deficiency: the knowledge base of this health issue is that it causes night blindness (39%) and that it is caused by a poor diet (10%).

57% of the total sample feels that Vitamin A deficiency can be prevented by eating foods rich in vitamins while *only 8% mention immunization as one of the preventive measures.* Those who know about immunization constitute mainly of the health workers (28% of them). Comparatively, only 3% of teachers, 6% of faith-based leaders, 6% of traditional leaders and 4% of the LCs mention immunization

Worms are perceived to be caused by eating raw food (33%) and poor diets (32%). The *key prevention measures mentioned include deworming (36%), avoiding to eat raw food (36%) and environmental hygiene (32%).*

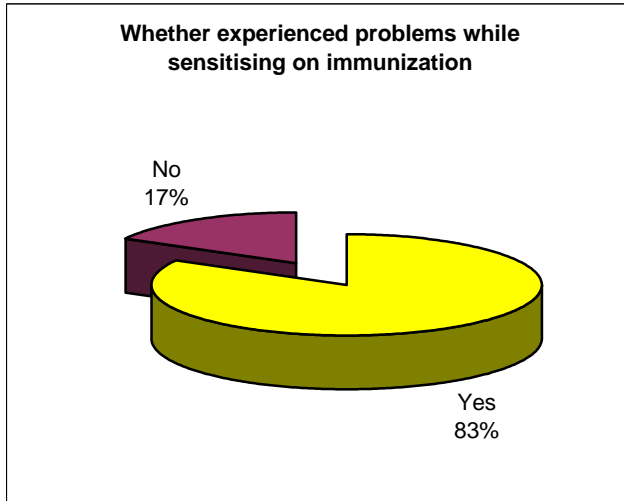
Knowledge that deworming can prevent worms is highest amongst the faith based workers (50% of them are aware) as compared to 39% of the teachers, 39% of the health workers and 28% of both the traditional leaders and LCs.

Overall, 85% of the sample feels that they do not have adequate information on measles, tetanus, worms and Vitamin A deficiency.

⁴ The phrasing of this question in this manner resulted a long list of responses on the issue in question. Due to the many mentions, it is difficult to make meaningful analysis by district and by category of respondent.

1.3.2 DISSEMINATING INFORMATION ON IMMUNIZATION

75% of the respondents claimed to have played a role in talking to people about immunization with no differences noted across districts and various categories of respondents. All other roles they have played generated below 15% mentions.



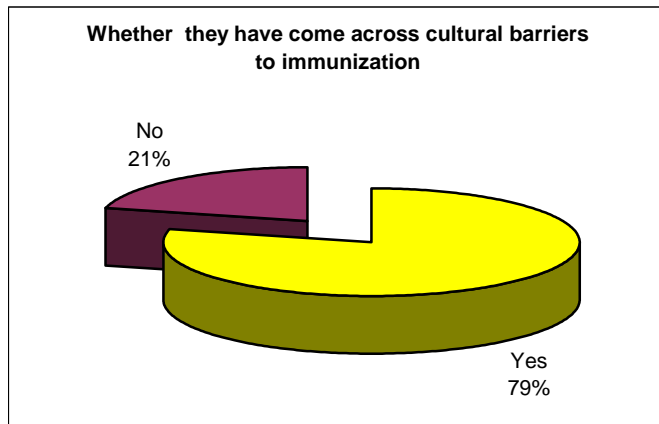
Out of the total sample, 83% claimed to experience problems while sensitizing the community on immunization.

It should be noted that the SCC gave a long list of problems they face. Those that generate high mentions are lack of finances (29% mentions), transport (24%) and lack of knowledge on immunization (16%). They also encounter some problems as they interact with the community such as uncooperative parents (17%), ignorance (12%) and people who campaign against immunization (9%).

Looking at the problems faced by districts, lack of financing generates significant mentions in all districts. Lack of transport is an issue in Mayuge, Lira and Arua while lack of knowledge on immunization amongst opinion leaders is a problem in Luwero, Bushenyi and Lira.

Although the issue of finances cut across the total sample, the mentions of this problem from the LCs and the health workers are significantly higher than in the other categories. In addition, lack of transport was more of an issue amongst the LCs and traditional healers than the teachers, health workers and faith-based leaders.

1.3.3 CULTURAL BARRIERS TO IMMUNIZATION



Out of the total sample, 79% have come across cultural barriers to immunization in their communities.

The belief generating the highest mentions was that children die after immunization, generating 42% mentions.

Another 20% of those who have come across these cultural barriers cite that, parents fear that their children will become sterile after immunization. Other beliefs are that, the vaccine poisons children (14%), the mass immunization is unsafe as HIV can be transmitted to children (12%).

The misconception that immunization results in death is cited by respondents from Luwero, Mayuge, Kampala and Bushenyi. Sterility was mentioned in Arua, Lira, Kampala and Mayuge. The link between immunization and transmission of AIDs is mentioned in Luwero and Kampala.

1.3.4 COMMUNICATION CHANNELS & NETWORKS

The respondents suggest that to reach their communities, the channels that should be used are radio (57% mentions) followed by local leaders (31%) and posters (26%). Other channels are mentioned but by very few respondents.

Differences in the mention of channels to be used are noted in various districts. Radio is the most commonly mentioned channel in Luwero, Lira and Arua with over 60% mentions in each district. There are several channels suggested in Mayuge and Kampala although none of them is strongly recommended. In addition, mention of radio in these two districts is below 50%.

Opinion leaders feel that the Ministry of Health should provide them with information on immunization through the radio (40%), followed by seminars/workshops (31%), newspapers (17%) and also face-to-face interactions with officials from the Ministry (14%).

Looking at the mentions across the different categories of respondents, no differences are noted for mentions made for radio and seminars as channels that the Ministry of Health can use to reach the SSC. However, teachers have preference for newspapers, traditional leaders for health workers while the health workers prefer leaflets.

1.3.5 TESTING OF COMMUNICATION MATERIALS

Letters & envelopes – letters are appreciated because they are written by someone of high authority (31%) and that they would be addressed to them (14%). Despite this, the respondents raise concern as to whether the letter will be translated into vernacular and that the cartoon is not pleasant to look at – the other dislikes are few; below 10% mentions.

77% of the respondents feel the letter is appropriate for communicating about measles immunization. On probing about the problems likely to arise out of using these letters, 76% do not foresee any.

Calendar – this is appreciated as it communicates the immunization dates (88%). The only dislike is the cartoon (17% mentions).

92% of the respondents feel that it is appropriate for communicating about measles immunization as it shows the exact dates when the exercise will take place. Only 14% foresee problems with the material and this is mainly because its focus is on immunization and does not discuss other immunizable diseases.

Question and answer sheets – these are liked mainly because they provided information on the disease (27%) and they also provide answers to most commonly asked questions (23%).

80% feel they are appropriate as they give information on the six killer diseases. 36% feel that these materials are inappropriate, as the illiterate will not understand them. Concerns are also raised about the timing for disseminating the materials and the dates for immunization, as the respondents want more time to study and sensitize others.

Fact sheet – 75% of the respondents like this material as it provides information about the killer diseases. The major dislike is that, the material is not translated into vernacular (18%).

84% of the respondents feel that this material is appropriate. Of those who feel its is inappropriate, the concerns are that it is targeted at the literate only.

Caps, t-shirts, bumper stickers - these materials are liked mainly because they are seen as a form of advertising (30%).

78% of the respondents felt they are appropriate for communicating about measles immunization. Of those who feel they are not appropriate, they foresee health officials selling them instead of distributing them for free (16%) and that they may not be enough for all the people who require them (12%).

Student activity sheet – only teachers were probed on this material. The main take out was the immunization dates i.e. dates when the activity will take place.

Overall, 83% of the teachers feel that it is appropriate for children. Those who feel it is not appropriate are of the opinion that children may find it difficult to understand how to use it. There are also concerns raised about the cartoon; it is found to be ugly.

1.6 CONCLUSIONS AND RECOMMENDATIONS

Findings of this study indicate that measles is not perceived as a major childhood disease and this means that there is a need to ensure that the campaign emphasizes the threat of this disease to children.

There is an information gap on the diseases that are immunizable diseases and there is a need to consider sensitizing parents about them but as a secondary message.

The strongest motivator for taking children for routine immunization is the threat to their children's health. This points out to the fact that the communication campaign should also inform the target audience about the threat of measles.

To ensure that the immunization programme is a success, it is important that the target audiences are assisted to overcome the barriers to immunization as follows:

- Access to the immunization posts should be improved to ensure that the beneficiaries make contact with the programme. This can be by increasing the number of immunization centers or having mobile out reach mechanisms.
- The health workers need to be sensitized on how to handle parents more professionally. There may be a need to increase the staffing levels during this programme to ensure that there is enough staff to serve the people.
- The campaign should also address the misconception that immunization causes sterility, AIDS or death.
- There is a need to educate the parents on how to come up with measures to stop the fever that children experience after immunization.
- For children whose main fear is the pain from the injection, the campaign needs to package these messages in a way children are encouraged to take the vaccine.

The social structure channels need to be assisted to overcome barriers such as funding, immunization kits and transport. They require sensitization on the necessary information on immunization.

In as much as the study sought to test the TV adverts, it must be noted that access to TV in Uganda is very low. It is therefore suggested that the TV adverts be used to communicate to those in urban areas. In rural areas, radio appears to be the most commonly used and preferred channel; an indication that radio messages need to be integrated into the campaign. This should be supplemented with messages on posters, newspapers and also face-to-face sensitization.

The target audience will not immunize unless all misconceptions are addressed. Previous immunization programmes have been implemented over a very short period that did not allow the beneficiaries to seek clarifications and clear all misconceptions. It is therefore suggested that the communication campaign is planned in such a way that it allows enough time for the target audiences to seek clarifications and address all the misconceptions.

The campaign should also seek to provide information on preventive measures, benefits of immunization, immunizable diseases, age group of children to be immunized, the number of injections required for the measles vaccine, and the threats of not immunizing.

It is proposed that The Immunizer concept be adopted for measles immunization campaign as it ranked the best under the core variables; call to action, benefits, threat, safety concerns, target group and dates for immunization.

However to make it more effective, the following issues need to be addressed:

- The concept should be clear that The Immunizer is the vaccine
- Substitute the tag line to read “Uganda unite against measles”
- Remove the shield from the end board
- Change the illustration of the vulture like bird
- Adopt the name “The Immunizer” instead of “Mr Immunizer”
- Make The Immunizer poster less crowded

In regard to the school learning resources, it is proposed that more emphasis be put on the distribution of the student activity sheet, the poster and the puzzle as the lapel sticker does not generate as much interest as the other three. To make them more effective, the following issues need to be considered:

- The cartoon to be replaced with the picture of a child
- The puzzle needs to have instructions on how the children can use it
- The poster should have information on the age group of children to be immunized

For the resource materials, the suggestions center on:

- To ensure that translations are done in appropriate languages
- The cartoon is changed.
- There should be a mention of other immunizable diseases so as to build on the knowledge base of the target audience

The materials should be distributed early enough to allow the social structure channels to read and start sensitizing the community early enough. This will enable them to deal with misconceptions early enough.

SECTION II

THE MAIN REPORT

2.1 BACKGROUND INFORMATION

The Uganda National Expanded Programme on Immunization (UNEPI) in partnership with the Ministry of Health and other international and national partners is planning a national measles vaccination programme encompassing mass vaccinations of all children aged 6 months to 15 years of age with desired coverage of immunization to 95%, totaling approximately 14.6 million children in and out of school in Uganda. The Uganda Program for Human and Holistic Development (UPHOLD) is supporting UNEPI in the development of the multisectoral, communication strategy as part of its Integrated Management of Childhood Illnesses (IMCI) programme. The programme is planned to launch from 15th-19th October 2003 with a 6-8 week communication campaign commencing in September 2003.

The communication campaign has been designed to consist of TV and print concepts. Before the materials were broadcasted, a research was required to test establish the target audiences' perception towards immunization and also towards proposed to concepts.

2.2 OBJECTIVES

The main purpose of the study was to conduct a formative research on immunization and to establish the target group's perception towards the proposed communication concepts. Specifically the study sought to:

- To evaluate the target audience's perceptions, attitudes and knowledge on immunization.
- To establish the key motivators and barriers to immunization of children.
- To evaluate the existing and most valued information channels and networks on health issues.
- To pretest the TV and print concepts in a bid to establish their impact, personal relevance, message salience and call to action.

2.3 METHODOLOGY

Qualitative and quantitative research methodologies were adopted for this study. Focus group discussions and in-depth interviews were conducted in Kampala, Luwero, Arua, Lira, Bushenyi and Mayuge.

2.3.1 FOCUS GROUP DISCUSSIONS (QUALITATIVE)

For group discussions, the venues where they were held were in convenient places within the respondents' localities. Respondents sampled for the research were both parents and children defined as follows:

- Children – those in school and those out of school. For both groups, the children fell in between the ages of 9 and 15 years.
- Parents – both male and female parents with children aged between 6 months to 15 years. For each of the parents' groups, 50% of the respondents were resistant to immunization. In order to obtain the right respondents for the study, a recruitment questionnaire was designed, and it had questions sufficient enough to determine the eligible respondent

Trained moderators who followed a pre-determined guide guided the discussions. Different discussion guides were used for the two groups. (See *appendix I and II*). The respondents were drawn from all social-economic classes⁵. A total of 6 Focus Group Discussions were conducted. Below is a breakdown of the group categories:

| | Gender | Social class | Category | Date and Place | Number of respondents |
|---------|---------------|---------------------|------------------------|---|------------------------------|
| Group 1 | Male | AB | Parents | 8 th august 2003 Kampala | 10 |
| Group 2 | Mixed | C2D | Out of school children | 10 th August 2003, Luwero | 11 |
| Group 3 | Female | C1C2 | Parents | 12 th August 2003, Mayuge | 10 |
| Group 4 | Mixed | C1C2 | In school children | 12 th August 2003, Bushenyi | 12 |
| Group 5 | Female | C1C2 | Parents | 13 th August 2003, Arua | 10 |
| Group 6 | Male | C1C2 | Parents | 13 th August 2003, Lira | 11 |

⁵ Classification of people by Living Standard Measurement which looks at income, expenditure, occupation, type of house, access to power & water. The AB are in the well off, the C1C2 in the middle class, the D in the low class while the E's are the poorest in society living from hand to mouth.

A well-trained team comprising of a research executive, moderators, interviewers, note takers and interpreters were involved in the study. All groups were audio recorded for purposes of data analysis and reporting. There was also a note taker to record the major issues that came out of the discussions. With the exception of the group from Kampala, the discussions were carried out in the local languages and thereafter an accurate translations and interpretation of the discussions into English were effected.

2.3.2 IN-DEPTH INTERVIEWS (QUANTITATIVE)

A total of 168 in depth interviews were conducted with teachers, health workers, LCs, faith based leaders, traditional leaders and healers. In each of the districts 28 interviews were conducted. The sample structure was as follows:

- Teachers (36 interviews)
- Health workers (36 interviews)
- Faith based leaders (36 interviews)
- Traditional leaders and healers (36 interviews)
- LCs (28 interviews)

2.3.3 REPORTING

The report is presented in three section: Section 1 consists of the executive summary while section 2 consists of the main report and is divided into five - background to the study, objectives, methodology, study limitations and the detailed findings from the focus group discussions and the in depth interviews.

The detailed findings from the focus groups are presented in a thematic manner sufficient enough to answer the objective of the survey. Analytical and descriptive comments on each of the issues addressed are made above the relevant consolidated verbatim pullouts from the transcripts in order to retain the original tone of the discussions and have been printed in italics for easy cross-referencing. Data from the groups has been aggregated and reported together where no major distinctions between the different categories of respondents occur. Where there are differences in the findings between the groups; these have been shown separately. The verbatim-translated transcripts of the discussions are appended.

2.4 STUDY LIMITATIONS

- Use of storyboards to communicate TV concept was rather a new phenomenon for the rural respondents given that TV access is still low (below 30%) in Uganda. Conceptualizing the idea of a TV commercial was difficult and the respondents viewed the materials as individual posters.
- The moderator made the narrations and voice over for the storyboards. The use of the same voice also made it difficult for the respondents to conceptualize the ideas a TV advert as they could not distinguish between the narrations and voice over. We propose that in future TV concept testing studies using storyboards, the voice over should be developed and played on radio as the boards are exposed to the respondents.
- Some concepts (Care for the kids) were seen to be long and therefore respondents had trouble with them as they lost track of the narrations and the message.
- Timing between designing and project implementation was short and in the process some methodological issues were not addressed early.

2.5 DETAILED FINDINGS - FOCUS GROUP DISCUSSIONS

This section first focuses on the findings from the formative research that sought to collect information on the target audiences' knowledge and attitudes towards immunization, potential motivators and barriers to immunization, and existing communication channels and networks for child health information. The second section consists of findings from the concept testing.

The findings consist of analytical and descriptive comments on each of the issues explored and the relevant consolidated verbatim pullouts from the transcripts in order to retain the original tone of the discussions. The verbatim have been printed in italics for easy cross-referencing.

2.5.1 GENERAL HEALTH ISSUES

Common health problems amongst children

The diseases mentioned by both parents and children can be categorized as those caused by poor nutrition, parasites and poor sanitation practices. Specific diseases cited were influenza, diarrhoea, flu, malaria, skin diseases, worms, measles, tetanus, whooping cough, polio and kwashiorkor. It should be noted that only parents in Arua and in school children in Bushenyi mentioned measles

"Influenza"(Male Parents, Kampala)

"Diarrhoea"(Male Parents, Kampala)

"Then in that respect Flu is my first mention. It's very common. To me I think there are a lot of unhygienic scenes that have led to children getting diarrhea"(Male Parents, Kampala)

"Also malaria is a major health problem in our homes; plus skin diseases"(Male Parents, Kampala)

"These are the major health problems we have always had. Flu, Malaria, Skin diseases, Diarrhea. I haven't come across any other different ones that they have not discussed"(Male Parents, Kampala)

"Even worms"(Male Parents, Kampala)

"Polio"(Children, Bushenyi)

"Measles"(Children, Bushenyi)

"The most common; malaria is one of them, it is rampant and also problems of Kwashiorkor"(Male, Parents, Lira)

"In most villages we name measles, malaria diarrhea and even cough"(Male, Parents, Lira)

"Whooping Cough" (Children, Luwero)

"Cutting yourself with knife and you get Tetanus"(Children, Luwero)

"Measles"(Female, Parents, Arua)

"Malaria"(Female, Parents, Arua)

How children can be protected

The measures that are taken by parents to protect their children depend on the nature of the disease. For malaria, use of mosquito nets, clearing bushes and taking anti-malaria tablets were mentioned as the key prevention measures.

"They have a prevention measure that is using a treated mosquito net"(Male, Parent, Kampala)

"Some of our children are getting sick with malaria caused by mosquitoes. So we should endeavor to clear and slash the bushes/compounds such that mosquitoes don't breed around our homes; with this we can prevent malaria from our children"(Female, Parents, Mayuge)

"First of all you must sensitize the guys to try to avoid those diseases, malaria and or keep the home clean and many others"(Male, Parents, Lira)

"Okay like cases of malaria which is rampant, I have tried to buy mosquito nets, but sometimes because of the financial constraints you may not be able to buy for the whole family" (Male, Parents, Lira)

"By buying syrup from clinics. Like flu we normally buy syrup from the clinic much as it keeps coming back again. Malaria they have always advised us to buy nets. We also administer chloroquin over the radio. They have also told us how to administer Chloroquin and Fancider"(Male, Parents, Kampala)

Parents felt that immunization, proper feeding practices and sanitation were the other ways of averting other childhood diseases.

"They don't really get proper diet, so that is how it comes about in that children fall sick all the time"(Female, Parents, Mayuge)

"By immunizing them"(Female, Parents, Arua)

"By injecting them"(Females Parents, Arua)

"Feeding them properly is a problem"(Female Parents, Arua)

"Therefore beg my fellow parents that a child's diet is not only meat but also our local foods, give the child bean soup before even frying the beans"(Female Parents, Mayuge)

Some people don't even wash their baby's beddings regularly, it's true in villages people lack soap, they just sun dry them and that's it. But some mothers have this habit not washing beddings. I beg all my fellow women to maintain personal hygiene, to try and get soap so that they clean the baby's bottle and beddings to avoid diseases like diarrhea and vomiting in children"(Female, Parents, Mayuge)

On probing the children for their knowledge base on protective measures for diseases, proper hygiene, immunization, seeking medical advice, use of mosquito nets and clearing bushes were cited.

"By injection using BCG" (Children, Bushenyi)

"By going to the hospital" (Children, Bushenyi)

"By cleaning our selves" (Children, Bushenyi)

"Keep Ourselves Clean" (Child Luwero)

"Bathing three times a day." (Child Luwero)

"Sleeping in Mosquito nets" (Child Luwero)

"Washing Clothes" (Luwero Child)

"Cleaning and clearing bushes around" (Child Luwero)

"Cleaning our homes so they are clean"(Child Luwero)

"Cleaning the compound"(Child Luwero)

Challenges faced in disease control

Amongst the parents, poverty was seen as a major challenge in childcare. Poverty perpetuates poor feeding practices, ignorance and inability to afford treatment for children.

“May be I can leave my family alone but like where I work when I go out in the field there’s a lot of poverty. If you talk about diseases even poverty is a disease. If may be you want to prevent or set measures of diseases, poverty in the villages and literacy are also par of it” (Male Parents, Kampala)

“I may want to help my child but the problem is that am in town, I don’t have a garden so I cannot cultivate/ grow foods like beans, greens to feed my children to avoid such diseases” (Female Parents, Mayuge)

“The problems I know include poor feeding, lack of proper drinks and generally poverty”(Female, Parents, Mayuge)

“There are some difficulties; for example immunization many of our people have not yet come to understand the importance of immunizing the children when still young and it may as well be as result of poor attitude and because they are poverty stricken”(Male, Parents, Lira)

It was also felt that there were some health issues that are beyond the parents’ control such as contagious diseases that are passed on contact with other children. Some parents also felt that lack of knowledge on hygienic practices is a major challenge to disease control.

“Yah the difficulty I get especially with my 8-month old baby is that it’s like a community child. So every body comes and carries it then it gets airborne diseases like flu. You find that when it comes to flu we get it from her, so it’s difficult to draw the line”(Male Parents, Kampala)

“Then the other one is that with children you cant really tell them what to do. They go to school and play with other children and come up with all sorts of diseases” (Male Parents, Kampala)

“They also love unhygienic games. They make sure that they mix with dirty water” (Male Parents, Kampala)

“Definitely there are difficulties because sometimes some mothers are very negligent. They leave their children outside and someone goes away to the garden, she has left a child with another young one she doesn’t know how that child is going to be fed? So the mothers themselves need more education on how to take care of their children because they don’t really know much. Sometimes they do things not because they intend but because they are ignorant” (Female Parent, Mayuge)

“What I know is poor sanitation and hygiene; associated with the mother. Yap if you don’t look after your child by cleaning their feeding bottles, this may cause vomiting and diarrhea, which is caused by negligence of the mother” (Female, Parents, Mayuge)

Cultural practices and religious practices were also seen to play a role in the high prevalence of disease amongst children. There are also beliefs amongst parents that diseases amongst children can be cured or prevented through rituals, herbs and prayers to God.

“Culture is another major hindrance. You find that there are two aspects here. There is the cultural aspect of preventing diseases and then there is also or should I say the modern way of doing things where you find that some people believe that these can protect, herbs, the beads they tie around the waist and they believe that these can protect the child from getting any disease and they are more inclined to this method than the modern way and this one is more infectious than this one and you find that it may not really work” (Male, Parents, Kampala)

“Many people believe that the skin diseases are treated in a traditional way either using herbs and any other forms and ignore the other type of medication and as my colleague talked about poverty you find that some of these medication is quite expensive and as result they get the traditional medicine that they can easily get and which may not be effective” (Male, Parents, Kampala)

“The saved people the Balokole some of them think that you need to go to hospital just pray and you will get cured. Some children have lost their lives due to such beliefs” (Male, Parents, Kampala)

2.5.2 IMMUNIZATION

Word Association

In order to gauge the respondents' perceptions towards immunization they were probed for their top of mind association of the word “Immunization”. Both parents and children rightly associated this word with protection of children from diseases.

“Protect your child” (Parents – male Kampala)

“Help children not get diseases” (In school children, Bushenyi)

“Prevention” (Parents – Male Kampala)

“Prevent yourself from getting diseases” (Out of school children, Luwero)

“Immunization is part of protection against diseases” (Parents – female Arua)

“It is a way to protect our children” (Parents – female Arua)

The word immunization was also associated with diseases such as measles and polio by both categories of respondents. It also reminded them of the polio immunization campaign popularly known as “Kick polio out of Uganda”.

“What comes to my mind when I see a poster about immunization put up somewhere, I recall the 6 killer diseases that a child is immunized against before she makes one year.” (Parents – Women Mayuge)

“Take children for immunization” (In school children, Bushenyi)

“Help people not to get polio” (In school children, Bushenyi)

“Immunize against polio” (In school children, Bushenyi)

“Measles” (Parents – Male Kampala)

“Kick polio out of Uganda” (Parents – Male Kampala)

“I think of the 6 killer diseases like measles” (Out of school children, Luwero)

“I think of polio, the disease they immunize against” (Out of school children, Luwero)

Awareness of immunizable diseases

The children and parents were also asked to mention the diseases that children are immunized against and the results are tabulated below.

| Male parents | Female parents | In-school children | Out of school children |
|--|---|--|--|
| <ul style="list-style-type: none"> • Polio • Whooping cough • Tetanus • Malaria • Tuberculosis • Typhoid • Measles • Hepatitis B • Diphtheria • Influenza A • Influenza B • Aids • Mumps • Rubella | <ul style="list-style-type: none"> • Polio • Tetanus • Whooping cough • Measles • Diphtheria • Tuberculosis • Vitamin A deficiency | <ul style="list-style-type: none"> • Diphtheria • Whooping cough • Malaria • Yellow fever • Tetanus • Meningitis • Tuberculosis | <ul style="list-style-type: none"> • Polio • Measles • Tetanus • Whooping cough • Malaria • Yellow fever |

Immunizing children

Some parents claimed that they immunize their children against various childhood diseases although very few parents mentioned that they had taken their children for measles immunization.

“Yes mine was immunized but I was told to take him back at 6 months for the oral dose for vitamin A then at 9 months for measles.” (Parents – Women Mayuge)

“No mine has not yet been immunized against measles.” (Parents – Women Mayuge)

“Yes mine was immunized but I was told to take him back at 6 months for the oral dose for vitamin A then at 9 months for measles.” (Parents – Women Mayuge)

“I always get advise from the health assistant; what; if they announce that immunization is taking place on the 15th, then I advise my wife to take the children for immunization” (Male parents, Lira)

“No mine has not yet been immunized against measles” (Female parents, Mayuge)

“Yes I have taken my children for all those, but for measles, I have not done so” (Female parents, Arua)

The male parents both in Kampala and Lira were seen to leave the responsibility of the immunization to the mothers as they are considered the main caretakers of children.

"They say 5 times before the first year. So whenever my wife takes my child for immunization I count. I look at the chart. That's how I monitor. (Parents – Male Kampala)

"As for me I trust my wife. She is educated" (Parents – Male Kampala).

"The mother is more concerned with the children than I am." (Parents – Male Kampala)

"If my wife were not at home I would have taken the kids myself. But my wife is more informed than me. " (Parents – Male Kampala)

"Then I advise my wife to take the children for immunization" (Male parents, Lira)

Some of the parents also know the schedule of immunization and the disease immunized against at a particular timing.

"Yes then you start breaking down. 6 weeks, 10weeks, 14 weeks then 9 months. At 6 weeks you give DPT 1 and OPV 1" (Parents – Male Kampala)

"Then there is also between 6 weeks and 10 weeks Hepatitis B and Influenza B" (Parents – Male Kampala)

"Yes then 14 weeks DPT 3." (Parents – Male Kampala)

"We know the times when we are supposed to take the children for immunization and these times vary depending on the disease to be immunized against. I have taken mine during the different times, and am yet to take mine for measles." (Female parents, Arua)

"Parents like us should help our children by taking them for immunization and we are given duration thereafter, that after a day bring him back. So you make sure that the child is taken back for immunization" (Female parents, Mayuge)

There were also those who were not knowledgeable about the schedule and the diseases and in most cases they rely on the doctors' instructions as to when the next immunization date is.

"I remember taking mine for immunization but I don't know which ones exactly they were but I remember that he was immunized for all those that have been mentioned. Because the doctor could always say get back on this day." (Parents – Male Kampala)

"Because the doctor told us to get back at different dates and time. And given the fact that they told us five so when I go to him 5 times am rest assured that my child has been immunized against all these." (Parents – Male Kampala)

"I know that they immunize at birth, but I do not even know what is immunized and whether they have immunized mine." (Male parents, Lira)

Awareness of the nature of vaccine

The most well known methods of administering the vaccine were the oral dose and the injection.

"Injections" (Parents – Male Kampala)

"Drops" (Parents – Male Kampala)

"Mouth drops" (Parents – Male Kampala)

"The drops" (Parents – Female Mayuge)

"The drops in the mouth" (Parents – Female Mayuge)

" I know them in particular because at birth you get BCG, which is for tuberculosis and polio, it's called OPV 1" (Parents – Male Kampala"

"Oral Polio virus 1"(Parents – Male Kampala)

*“When the child is very young there is a dropping process when the child is about 4-5 years, then they administer using injections, and others just swallowing some tablets.”
(Parent – Male Lira)*

“By vitamin drops” (Female parents, Arua)

“By injections” (Female parents, Arua)

*“When the child is very young there is that dropping process; when the child is about 4-5 years, then they administer using injections, and others just swallowing some tablets.”
(Male parents, Lira)*

Key motivating factors to immunizing children

In order to understand the attitude of the respondents towards immunization they were probed on the factors that influenced them to immunize children against measles.

- ***Sensitization campaigns***

Sensitization campaigns were one of the driving factors for taking children for immunization. Majority of the Kampala male respondents who have taken an initiative to immunize their children have heard/seen an advertisement in the newspaper, posters, L.C's and radio.

“For me I just heard announcement on radio.” (Parents – Male Kampala)

“To take children for immunization. I even heard from the LCs, to take our children for immunization. I even saw the posters and also read newspapers.” (Parents – Male Kampala)

“Posters everywhere, adverts on radio. So it just sticks in your head as soon as the child is of age just take him for immunization.” (Parents – Male Kampala)

- ***Perceived risks of not immunization***

Another motivator to immunize for diseases like polio was fear of their children becoming cripples. The polio campaign communicated the risks by use of visuals showing crippled children and this had contributed greatly to motivating the parents to action.

“For me the fact of seeing a small kid one day walking while limping. The photo of a kid just scared the hell out of me.” (Parents – Male Kampala)

“Of course no person would like to see his child or her child walking with a stick. That is for the sake of quality life.” (Parents – Male Kampala)

*“For me there are always there for me to see in Mulago. You see these children in Mulago every day. So for me my children really we have to agree immunization.”
(Parents – Male Kampala)*

“Generally I would say for the good of the child you wouldn't want to see your child growing up disabled by polio. You would want to see your child playing football, you would want to see your child live longer not dying of measles.” (Parents – Male Lira)

“There was an experience I under went when I saw a neighbor's child who died of measles. So I learnt a lesson from that, and recently one of the children I took for Immunization was attacked by measles and the attack was very mild. (Parents – Male Lira)

- *Perceived benefits of immunizing*

Immunization was perceived to contribute greatly to child's health. It is seen as a means of preventing the occurrence of diseases which is better than taking curative measures.

"The most important time in growth is when you are still a child. If a child falls sick all that time he may not cope up in life. Because when you fall sick you become weak. You cannot play with your child for very long and then the emotional part of it. So the child really needs that Good start in life, which is immunization." (Parents – Kampala Male).

"It helps the child in that those diseases will not attack it" (Parents – Female Mayuge).

"There is a saying that prevention is better than cure if the child is immunized lets say against measles in most cases those children are not affected by that disease. It can attack the whole village but for you took a kid for immunization, you have chances of avoiding it in your home." (Parents – Female Mayuge).

"Okay one of the benefits is that it makes the attacks are mild compared to those who suffer from diseases when they are not immunized. (Parents – Male Lira).

"Yah, if measles attack a child who was immunized against it, the child does not really fall sick unlike those who were not immunized. These children die that's a must because we have seen it happen several times." (Parents – Women Mayuge).

"The benefits of immunizing my child are not different from what she has said. That when the disease comes in it does not affect the child so strongly in most cases I can give an example of my children, I have never witnessed measles because I think when it comes children are already immunized, it comes in a very soft manner that I myself don't know because the children were already immunized." (Parents – Women Mayuge).

"And maybe is a child is immunized its future health is determined. And if two kids are put together I can easily tell the difference between them knowing that one is immunized and the other is not just by looking at them." (Parents – Women Mayuge)

"Immunization introduces immunity to the child such that in case of any disease, that immunity can help the child to fight the disease" (Female Parents, Arua)

"It prevents cases of disability" (Female parents, Arua)

The parents in Lira district felt that immunization reduces on the expenditure on medical treatment of children. This is due to the perception that once ill, the illness may not necessarily cause severe effects, as the child will have strong immunity.

"When your children have been immunized, you know our financial status is very narrow, so once the child is immunized the amount you pay for treatment of the child can't be compared to the amount you pay when the child is not immunized. Because immunized children may not go into critical conditions." (Parents – Male Lira)

Barriers to immunization

- *Lack of access*

Parents claimed that in some instances, the immunization centres were set up in areas far away from their homes, making it difficult for them to travel with their children.

“There are those who fail because of circumstances may be because the place of Immunization is far from their homes.” (Parents – Kampala male)

“And then long distances you may find the immunization is around 7 or 8 km from where you live and yet there is no transport even where you are there is no bicycle. Just imagine walking to and fro 14km, and there is no lunch, no what, so you would rather remain and your food and eat.” (Parents – Women Mayuge)

“I think one of them is the distance” (Parents – Male Kampala)

“I was saying in places where they are not”(Parents – Male Kampala)

Proximity (Parents – Male Kampala)

“Between homes and these Immunizing places because when you go to the villages you find that people have to walk for 5 hours 10 hours to get to the hospitals. So a person like that can be excused” (Parents – Male Kampala)

“And some of those places are too far for us to go there” (Female respondents, Arua)

“Health facilities are not available in some places, so it becomes difficult for some people to look for the health centers for immunization. And some of those places are too far. So, that becomes an excuse for them not to take their children for immunization.”(Female parents, Arua)

- *Poor treatment by health workers*

Another factor that was cited, as a hindrance to immunization was that some of the medical personnel at the hospitals are rude to the patients. This negative perception was strongest in Mayuge where female parents commented on the poor treatment from the medical health workers.

“That’s why sometimes some people don’t take. Sometimes you find a health unit where the nurses are trained to be kind but sometimes they are rough. That one makes a person say why do I go there, you go and sit with a child, she is busy doing something else or conversing with somebody then she comes and handles you in a rude way.” (Parents- Women Mayuge)

“When you see others being handled in such a rude manner definitely going there to struggle with those people for what?” (Parents – Women Mayuge)

“Those are some of the things that hinder people from taking their children for immunization. Like for me I get irritated so fast, if I come there and you treat me like a dog, I don’t come back, I just go.” (Parents – Women Mayuge)

“Some are rude”(Parents – Women Arua)

“They are not patient with mothers who are slow to understand” (Parents – Women Arua)

- *Lack of knowledge*

There is lack of knowledge on the benefits of immunization, the diseases that are immunizable and the age group of children to be immunized. Findings from both the parents and the children indicate that there is a perception that immunization is done to children aged below three years. This had acted as a barrier to immunization as children above a certain age are not considered in the category for immunization.

“Immunization starts at 3 years so if at all you fail to make it, then they are not immunized” (Out of school children – Luwero).

“There some difficulties for example many of our people have not come to understand the importance of immunizing the children when they are still young.” (Parents – Male Lira)

“For example if at all your old because there are years at which people stop immunizing and the person may be already past them.” (Out of school children – Luwero)

“Lack of education about the benefits of immunization” (Female parents, Arua)

“Some of these people are just not knowledgeable of the benefits of immunization” (Female parents, Arua)

- *Political propaganda*

Parents expressed that there were rumors that immunization was a government strategy to curb population growth. Immunization is also perceived to cause sterility in children. In the district of Mayuge, there was a belief that tetanus immunization would make the women barren.

“There are some who would say that the government is trying to sterilize our children. So many people were not taking their children for immunization not that they didn’t want but they refused.” (Parents – Kampala male)

“Some children are not immunized in the early stages. Some people think that when they immunize your kid. There was a certain scenario when they said may be Museveni wants to reduce on the number of children, so parents feared to immunize their children, that’s why these days children are dying of simple coughs”(Female, Parents, Mayuge)

- *Belief that immunization has side effects*

There were some misconceptions that immunization has some negative side effects on children. Whereas they expected immunization to make their children healthy and strong, the parents claimed that children develop a fever and become weak after the exercise. This is made worse when parents share the information about the after effects with those whose children are not yet immunized thus barring parents from taking up immunization. There was also another negative perception amongst female parents in Mayuge that the polio immunization cripples children.

“Another common one am seeing is once people listen to their friends for example one takes their child for immunization then after wards the kid gets a terrible fever it becomes very weak. So they say immunization makes our children very weak. Then they say there is no reason of taking our children for immunization since it makes our children very weak. (Parents – Male Kampala)

“Ya, they say that when you take children for immunization they become lame in the legs.” (Parents – Women Mayuge)

“Ya, they say polio cripples children.” (Parents – Women Mayuge)

“You go back home the nurses tell you to exercise the injected leg, soothing it with a cold dump cloth or ice. But some parents don’t care for the child, they don’t exercise the

injected leg and in the end the leg becomes paralyzed which later becomes lame but once you do as the nurses tell you then it will be fine. ” (Parents – Women Mayuge)
“When they immunize children, some them fall sick.” (School Children – Bushenyi).
“People in the village can tell us that immunization can cause AIDS because of those instruments used so we fear.” (Out of school children – Luwero)
“People can also say that immunizing is just poisoning children” (Out of school children – Luwero)

- *Culture*

Cultural issues such as the male dominance in the home and belief that some diseases are caused by ancestral spirits deters immunization. There are also beliefs that immunization may cause bareness to the girl children.

The decision to immunize children is said to be largely influenced by the male head of household. The father therefore reserves the authority to decide whether to take the child for immunization or not. It was cited that in some families where the male was against immunization, the mothers were forced to comply with their spouse’s decision.

“They will become like so and so son. Then the cultural bit is also very important. Very many homes are still run by the fathers the men in the family make the rules so if the men decide like me am very strict on it, Immunization but others when they say no it’s a no.” (Parents – Male Kampala)

“In a home, the children belong to the man and then there are some who would say that the government is trying to sterilize our children. So many people were not taking their children for immunization not that they didn’t want but they refused.” (Parents – Male Kampala)

In some communities, there are beliefs that measles is caused by ancestral spirits. Therefore the only means of curing such disease was by appeasing these spirits through some rituals.

“As regards prevention as my colleagues have said people have ignored the western ways of immunization and have resorted to the tradition way of handling that disease. Like he said they have several ways of preventing it and this is because they believe that Measles is caused by certain ancestral spirits and now to appease them there are certain things that they do not want and so during a certain period of time in the year you are not supposed to eat meat because Measles will get into your house and even when you visit a house hold with a Measles patient you don’t greet if you insist do no shake hands. And it is believed that it this methods that work and not the western methods. So they need to be sensitized.”(Parents – Male Kampala)

- *Fear of the injection*

Amongst the children, one of the barriers to immunization was the fear of the injection.

“For me I fear injections so I cannot go” (Out of school children – Luwero)

Perception toward Maternal Neo-natal Tetanus (MNT)

The perceptions towards MNT were tested in all districts but only respondents in Mayuge had clear responses regarding the subject. Not surprising because it represents one of the districts where this MNT immunization is going on.

- *Benefits of immunization against MNT*

The MNT immunization was seen as very important for women of childbearing age. There was a feeling that expectant mothers have a higher risk of acquiring tetanus during delivery. In addition women are also seen to be prone to acquiring tetanus during menstruation.

“Yes. It is very important” (Parents – Women Mayuge)

“The tetanus vaccine is very important especially when she reaches that age, because it really helps her. (Parents – Women Mayuge)

“The advantage of being immunized before you know I think during that process of delivery if you didn’t take MNT there is high chances of getting tetanus immediately yourself and the child so if you get immunized before you produce chances of getting it are low, so it is very important. (Parent – Women Mayuge)

“Even when girls reach the age of menstruation there are high chances of getting tetanus” (Parents – Women Mayuge).

“Ya if you are not immunized but once you are immunized you are resistant to it” (Parents – Women Mayuge).

- *Barriers/concerns about MNT immunization*

The problems expressed were associated with the after effects of the immunization. The vaccine was said to cause high temperatures and paralysis of the hand. However, these after effects are said to disappear sometime after taking the vaccine.

“When you are injected that tetanus injection, it always give you high temperature and the hand feels some how paralyzed for one or two days and later you become okay.” (Parents – Women mayuge)

Some people also experience swelling of the hand if they do not take precautions as instructed by the doctors e.g. scratching the hand, which may result, into a wound or swelling.

“Still you can’t get the problem immediately after they have injected you scratch, it always swells and may result into wound. So after immunization they tell you not to touch but once you touch it can cause other problems.” (Parent – Women Mayuge)

2.5.3 COMMUNICATION CHANNELS AND NETWORKS

Source of information on child health matters

The main sources of information cited by the parents were radio, posters, political leaders, health personnel, newspapers, school children and community-based health workers. Informal channels such as friends, family and relatives were also mentioned.

The male parents perceived radio, newspapers and posters as the preferred communication channels for information relating to children's health. Radio and newspapers were said to have a wider coverage compared to other sources whereas posters are seen to play an important role in presenting health information in a pictorial format.

"Radio and Newspapers because these have far reaching capacity than the other source"(Male, Parents, Kampala)

"I was particular on radio because it's common in these communities because people listen to radios. So if such things are placed after the news or before the news many people will get to know of this information and then they can do what they have been required to do"(Male, Parent, Kampala)

"Posters are very illustrative. They are colored and they look really good"(Male, Parents, Kampala)

"They could even be better than some recurrent boring advert on radio"(Male, Parents, Kampala)

"Clear picture about what they want to put across"(Male, Parents, Kampala)

teaching you, you can also pass on the information to other people"(Female, Parents, Mayuge)

"Radio programmes, on some radio programmes, there is what is referred to as doctor's programme"(Male, Parents, Lira)

Amongst the female parents, preference was for the use of radio and community-based health personnel. The latter was preferred as its delivery mechanism is mainly face-to-face communication and this provides the mothers with an opportunity to get feedback on issues they may not understand. In addition, in as much as radio is an important channel, concern was raised about the ability of this channel to reach everybody. Reaching those without radios was seen as only feasible through community-based personnel.

"Radio because communication can be done in various languages"(Female, Parents, Arua)

"Radio is convenient and one can tune in at any time"(Female, Parents, Arua)

"Radios have a far reaching capacity and therefore many people get informed"(Female, Parents, Arua)

"Sensitization over the radio and then also the health personnel to move around the villages"(Female, Parents, Mayuge)

"I think they are community based because at times they also keep telling you as they give you questions about how the sickness is, they also give you ideas about immunization"(Female, Parents, Mayuge)

"The medical personnel just move around, for instance when I was in the village the doctors would leave hospitals to come and immunize our children. We had a health unit but nurses would tell us that there is no medicine but while there the medical personnel would arrive and sermon you to bring your children for immunization"(Female, Parents, Mayuge)

"I also trust them but when you go for ante-natal they teach you first about delivery, personal hygiene after that they teach you about how to care for the baby like we said earlier on. I think that's the best way for me because when I go for ante-natal am taught various things"(female, Parents, Mayuge)

"The community based health workers, because these people reach individually and when we talk of radios, some of us don't have radios, so you find that we don't get the information. But now with the community based, they move from house to house, from parish to parish and you are sure of getting the Information"(Female, Parents, Mayuge)

"I think radios have worked and I urge the Ministry of Health to go on with what they have been doing. But because other people do not have radios its better to teach ordinary people in various parishes... yah ordinary people because after

"From the health workers and TV"(Male, Parents, Lira)

Amongst the in-school children newspapers, health centers, LC's, radios and television were cited as the sources of information on child health matters. Surprisingly, none of the in-school children mention teachers as a source of information. Those out of school receive their information through other school going children, radio medical personnel and posters.

The channels cited as the most valued sources of information for children in school were radio and TV because the former has a wider coverage whereas the latter can give pictorial messages. The children out of school on the other hand cited doctors or medical personnel as the best preferred because the doctors have first hand information as regards health issues.

"Newspapers"(Children, Bushenyi)

"Health centers"(Children, Bushenyi)

"Radios"(Children, Bushenyi)

"Television"(Children, Bushenyi)

"Yes, all the LCs"(Children, Bushenyi)

"Radio, because they can reach everywhere even in villages"(Children, Bushenyi)

"TV, you can see anything that takes place"(Children, Bushenyi)

"On posters, you find they have put up posters"(Children, Luwero)

"Even at hospitals"(Children, Luwero)

"In clinics"(Children, Luwero)

"Those who study and ask around" (Children, Luwero)

"Even radio" (Children, Luwero)

"Announcements" (Children, Luwero)

"Because the doctors understand what's all about" (Children, Luwero)

"He studied about health and immunization and must be knowing what it is all about" (Children, Luwero)

Exposure to information on measles immunization

Amongst majority of the parents, there is evidently an information gap in regard to measles immunization as very few parents claimed to have heard of any measles immunization campaigns. On the contrary, most parents have heard of polio immunization and have taken their children for it.

“On radio, I think Radio Simba you will excuse me but I believe in demonstrations...”(female, Parents, Mayuge)

“Much as there is a campaign on Polio and other immunizable diseases, I haven’t heard about Measles yet Measles is everywhere. It is deep down in the villages and they are treating it traditionally oba you come again eat nkeje fine it might be helpful but it has become problematic. So I think there is a gap when it comes to Measles” (Male Parents, Kampala)

“I think the Government or Ministry of Health realized that the biggest problem we had was Polio so they over emphasized Polio. They forgot to point out the other diseases. Their emphasis was basically put on Polio”. (Male, Parents, Kampala)

“Personally I have not heard any adverts for Measles”(Male, Parents, Kampala)

“Not Measles as such but actually you can physically see someone who is lame and you get scared but Infact many people immunize their children against Polio than Measles because they don’t want their children to be lame but Measles comes like Malaria even people don’t know its symptoms. Some may even think its some divine disease. So you cannot even realize”(Male, Parents, Kampala)

The male respondents in Kampala and Lira claim to have first heard about measles immunization from the lessons at school. A few female parents from Arua however claimed to have seen posters about measles and its effects to children at the hospital.

“That’s the Problem I have not heard about Measles for a very long time. I last heard about it in primary as one of the six killer diseases. Something happened to Measles” (Male, Parents, Kampala)

“Let me react to Musomesa’s view that you find some information about Measles in Schools. That is the last time these kids get to hear of such diseases and just as he said he last heard of it in Primary” (Male, Parents, Kampala)

“Some time at school I read about the effects of measles to children that it can cause them blindness although they may not die and other things may result”(Male, Parents, Lira)

“A message illustrating how measles affects children”(Female, Parents, Arua)

“Posters illustrating how measles is spread and how it makes a child very sick”(Female, Parents, Arua)

Both children out of school and children in school had also heard about the immunization of measles and polio under the advert that encouraged parents to immunize their children from the six killer diseases.

“When you immunize you get protected from six killer diseases”(Children, Bushenyi)

“Children under 1 year should get immunized of measles”(Children, Bushenyi)

“Parents should take their children for immunization”(Children, Bushenyi)

“Children should be immunized at a younger stage”(Children, Bushenyi)

“Me I think of polio the disease they immunized against”(Children, Luwero)

“Measles”(Children, Luwero)

“I think about the six killer diseases like measles”(Children, Luwero)

Misconceptions about measles immunization

- *Measles must attack children*

There was a belief amongst the parents that measles must attack children. They also insist that measles attacks once and that there is no way of preventing the disease. Therefore, there were no perceived benefits of immunizing children against the disease.

“There is that concept that Measles attacks only once” (Male, Parents, Kampala)
“There is this I will not call it a misconception but there is this talk that measles can attack anybody at any time so there is this traditional belief that everybody will suffer from Measles. There is that scare that Measles can attack any one” (Male, Parents, Kampala)

- *Treatment of measles*

Amongst the parents there were beliefs and practices pertaining to the treatment of measles. Abstinance to certain types of foods, appeasing ancestral spirits and applying cow’s urine, timber fat or crocodile fat were some of the perceived treatment measures.

“I personally was so scared of getting Measles in my family because this is every where .I once had a neighbor who had a child who was sick of Measles and she had stopped eating Meat I don’t Know why but she had this belief that if she ate meat at home the kid would get worse. So there are more intricacies involved in treating measles than any other immunizable disease” (Male, Parents, Kampala)

“As regards prevention as my colleagues have said people have ignored the western ways of immunization and have resorted to the tradition way of handling that disease. Like he said they have several ways of preventing it and this is because they believe that Measles is caused by certain ancestral spirits and now to appease them there are certain things that they do not want and so during a certain period of time in the year you are not supposed to eat meat because Measles will get into your house and even when you visit a house hold with a Measles patient you don’t greet if you insist do no shake hands. And it is believed that it this methods that work and not the western methods. So they need to be sensitized” (Male, Parents, Kampala)

“You don’t take Alcohol in household that has a Measles patient” (Male Parents, Kampala)

“Then in some societies they have their own medicine like Urine of a cow” Male, Parents, Kampala)

“Crocodile fat and Timber fat” (Male Parents, Kampala)

““You are not supposed to eat meat because Measles will get into your house and even when you visit a house hold with a Measles patient you don’t greet if you insist do no shake hands. And it is believed that it this methods that work and not the western methods. So they need to be sensitized” (Male Parents, Kampala)

Perception toward health workers

The role of health workers is perceived as important in each of the districts sampled. Parents acknowledged that health workers were capable and knowledgeable about what they do because they received professional training. Despite being knowledgeable, parents think the communities they serve perceived them negatively. The key areas of complaint amongst the parents were the health workers being rude, poor communication and slow service.

- *Rude/unhelpful*

Health workers were described as being rude and unhelpful to patients. Although this was cited in all the districts sampled, the most negative perception was from female parents from Mayuge⁶

“I don’t understand why they treat us like that. Like madam Stella has said, you go to the hospital and they just look at you as if you are trash; they don’t care yet you used a good approach by greeting them, she instead tells you she is going for lunch. At times they ask for bribe and if you don’t pay no treatment will be given to you” (Female, Parents, Mayuge)

“I like them only if you find good ones not all of them. When you find good ones at any time they can respond to you and definitely your being a mother and child falls sick very inquisitive of knowing exactly what has happened and what should you do. But then some of them are not kind they just chase you away and you remain miserable wanting to get something but she has already told you very nasty words and you walk out with sorrow in your heart”(Female, Parents, Mayuge)

“I think it comes down to many factors. You can put the factors as an Individual. Does not have public relations. Probably he does not know how to deal with people. He had poor training”(Male, Parents, Kampala)

“These people have irritated all of us here. Such things should not exonerate them”(Male, Parents, Kampala)

“Some of them are rude especially when it comes to mothers who take long to understand”(Female, Parents, Arua)

“They are not patient and easily get angry with those who are slow to understand”(Female, Parents, Arua)

“Nurses are very harsh and this makes one fear approaching them. They are not friendly”(Female, Parents, Arua)

“When the child falls sick it is my initiative to go and see a doctor; but the sensitization from them and giving assistance is not evident as per my opinion “(Male, Parents, Lira)

⁶ Mayuge is one of the MNT districts

- *Communication problems*

The parents also cited that dissemination of information was hampered by lack of proper communication. Some of the health personnel who visited respondents at the grassroots level were not conversant with the local languages and depended on translators who were not accurate.

“These health workers have a problem of communication; when they go out in the communities to disseminate information you find that many of them tend to speak in English and yet the communities where they go some of them are not fluent in English. The use of an interpreter who may distort the information for example in Nakasongola there I have ever heard one but he did not know the language, the Luruli and the interpreter was speaking Luruli. Whether the information was distorted or not you couldn’t tell. So you find that communication is a very big problem”(Male, Parents, Kampala)

- *Slow services*

Understaffing was seen as the root cause of the problems the parents faced while dealing with health workers. The health workers were overworked and this made them rude and unfriendly. In addition, the parents felt there were not enough personnel to attend to them and the health centers were characterized by long queues.

“Because you find one nurse I don’t know whether qualified or not qualified is the one prescribing, she prescribes for four then sends you there, leaves others waiting and gives the four medicine. When it reaches 4 o’clock she is already tired and exhausted, she says she is going for lunch that is now up to tomorrow. So you find that we need more personnel here if government can do that the better than making one person work from morning till dawn. People are waiting others are dying, and they should be sensitized on how to handle mothers” (Female, Parents, Mayuge)

“ Then you can also put it to the fact that this is one health worker who is going to attend to all people after the 1st 2nd 3rd 4th he is good but after the 5th the head worker get tired, his head starts running very first. You become confused. So at the end of it all, the defense mechanism is tampered with, he therefore becomes very rude”(Male, Parents, Kampala)

“If the Ministry employed more staff to deal with sensitization, then that would relieve the health workers from being rude” (Female parents, Arua)

“I realized that in villages, one health worker serves a bigger population” (Male parents, Kampala)

There was a perception amongst the parents that the health workers are poorly remunerated and this had contributed to the poor service delivery.

“I think the health workers are also disgusted because either they are underpaid or government takes long to pay them.... So you instead walk away discouraged and can not go back another time because am not attended to. That’s the problem”(Female, Parents, Mayuge)

“No they are not expensive. They are not paid well. They know what they are supposed to do but because they have not been paid well they feel reluctant and I would not also excuse the person who is supposed to pay them. These are human beings. They took that profession in order to earn a living. Scholars say you should only work. Do work that is gainful, so if I do work and I don’t get paid well I will get demoralized”(Male, Parents, Kampala)

“But you see the problem they are not motivated other wise they have their ethics, which they are supposed to follow”(Male, Parents, Kampala)

As a means of curbing the above-mentioned problems, parents suggested that the health workers should be given refresher courses and remunerated well for them to be able to do a satisfactory work among the different communities. The parents also felt that the number of health workers should be increased to reduce on the burnout of those already in the field.

“Before I answer that question am really requesting you that if there was a way that you people have access to the Ministry of Health. I think our dispensaries need medical personnel and trained health personnel”(Female, Parents, Mayuge)

“If government can really sensitize these health workers how to handle mothers that’s why immunization doesn’t take place very effectively. They abuse you like “you come here am I the one who impregnated you” that kind of word I will not go back”(Female, Parents, Mayuge)

The parents that there was need for health workers to have coordination points or personnel to help them reach a sizeable number of people in need of their services. They should also communicate their programme schedules to people in public places such as markets and churches so that everybody gets a chance of acquiring health information. Parents were also of the view that government organizes seminars and workshops to special groups like women and children who are most affected by such diseases.

“They should be moving into communities and people’s homes educating them”(Female, Parents, Arua)

“They should inform people in churches”(Female, Parents, Arua)

“They should also inform people in the markets”(Female, Parents, Arua)

“Information should also be passed on through the local councils because they can easily reach the local people and they are listened to”(Female, Parents, Arua)

“It can be by using charts trying to demonstrate how the disease attacks; and the result and at least when the person sees those diseases there and the result, I think would be convinced”(Male, Parent, Lira)

“I will say that the best way their impact would be felt is to liase well with the local leaders, these people have good mobilization capacity atleast within there jurisdiction people will be informed”(Male, Parents, Lira)

“If government was in position to organize sensitization workshops and seminars in such a way that women and the local leaders are given this information; say on a two months basis, we would have no reason for coming to discuss anything about immunization as a very body would be informed”(Male, Parents, Lira)

Role of health workers in disseminating information on measles

Health workers were perceived as important channels of disseminating information on measles immunization. However, to effectively do so the parents felt they need to be trained on the program and on how to handle patients professionally?

"I think before they embark on this exercise of immunization they first undergo refresher courses and then the community should also be sensitized about what they should expect"(Male, Parents, Kampala)

"Immunization, how to handle a pregnant mother, caring and diet to be given to a child such things should be taught to people. Let people go under training but not waiting for qualified nurses alone. If am taught within one week I can go to the village and teach others, and giving them the necessary medicine if the ministry of health has given me permission. They can pick if you teach them"(Female, Parents, Mayuge)

"I would suggest that they need to liaise with the communities where they are going to work and they get to know some of the local names that are used for those diseases instead of moving from up and going with the names like Diphtheria yet for them they call it Bulo. These would be very different. So they need to liaise with the communities and I would also suggest that you use people from those communities and I would also agree with him that since Health matters are dynamic, they need refresher courses and any other courses."(Male, Parents, Kampala)

"I also think that they should train more people because he is very willing to learn about immunization. Also if you told him that we have a seminar for 3 weeks on immunization he will leave and come and inform us of what happened; involve as many people as possible"(Male, Parents, Kampala)

Role of school children in disseminating information on measles

Parents felt that school children can play a role in providing them with information that may be important to them if such an opportunity was available. According to the parents, it helps them into sharing information on health issues that they may not be aware of which children acquire from their teachers.

"There is a day my child was told from school that before and after eating you have to first wash your hands and they told me that when they came home; so that was the day I came to realize that these children learn a lot from school"(Male, Parents, Lira)

"It is a clear sign that the kid is picking"(Male, Parents, Lira)

"I would know that the child is not examination oriented; so that means, the child is not examination centered; so I would be happy about that"(Male, Parents, Lira)

"If a child tells you that we must wash hands before and after eating, so you also as a father you must know that you must wash hands before and after eating"(Male, Parents, Lira)

"That one becomes a big challenge!"(Male, Parents, Lira)

"It is for the benefit of me learning more and even the child, so that a child can know that if he goes to school"(Female, Parents, Mayuge)

"Since these days parents visit their children once in a while at school I think it should be included in the curriculum of the schools. Something about primary health care so that as a parent, when I go let the teacher tell me that this is my child and as a parent what I need to do here and there is to improve the health of the child"(Male, Parents, Kampala)

"It mainly concerns hygiene, those are the areas that we really talk about"(Male, Parents, Kampala)

Additionally, the school children were also of the opinion that if they shared out information from school regarding immunization with their parents, it would create a conducive environment for both of them to learn from each other. They also said that such information would benefit the parents who in turn will take the other children for immunization.

“I feel happy because I like my parents to know what I study”(Children, Bushenyi)

“My parents can take my brothers or sisters for immunization”(Children, Bushenyi)

“I feel very happy”(Children, Bushenyi)

“My parents will listen and it will encourage them to take the younger ones for immunization” (Children, Bushenyi)

“My parents listen because we always tell them what teachers teach us at school.” (Children, Bushenyi)

Information about measles required

Both the parents and children were probed on the information they would like to receive. Information indicated was:

- How to prevent measles
- Benefits of immunization
- Ages of children
- Number of times for vaccines
- Effects of not immunizing

2.5.4 CONCEPT TESTING

At this point respondents were exposed to three TV concepts one at a time (The sport woman/Athlete, The Immunizer/Mr Immunize and also Care for Kids). They were then informed that the concepts were just ideas and would be developed into a TV commercial and that there was a possibility of developing some radio messages from the same ideas. The moderator then took them through the narrations and the voice over in accordance to the pictorials.

Respondents were then asked to give their opinion regarding the message take out, call to action and also preference for the concepts that communicated the best message on measles, one that would cause them to act and one that had the best end story represented on the end board.

The Immunizer – TV concept

a) Key message from the concept

- *Benefits of immunization*

The immunizer concept communicated that immunization is beneficial. The key benefit perceived by both parents and children was that it prevents children from measles. Additionally, it also communicated that immunization helps in the fight against other diseases.

“So if you are immunized and go next to a patient with measles it will not affect you.” (Female, parents-Mayuge)

“Now after having the vaccine from the big man is showing that people cant get measles anymore that even when it comes to attack and you have the immunity in your body, it can not get you; so you are showing the success of immunization process and Ugandans are free.” (Female parents-Mayuge)

“Actually it brings out the impression that if every body is immunized and they grow up in a very clean atmosphere and they are very healthy they can have no chance of being struck by the disease.”(Male parents, Kampala)

“The message I have got here is that it’s really a good thing to immunize our kids. In case some one falls sick that sickness travels, and once you get sick with measles and your are already immunized, it will not affect you because the vaccine that is in you cannot allow it to move closer, you will always be safe from measles.” (Female parents, Mayuge)

“It indicates that when you immunize your child, he can be strong and can be able to protect her/him against any other diseases that can attack him” (Male parents, Lira)

“It is a very good message and if we follow it, our children will grow up healthy and strong” (Female parents, Arua)

“It is better when immunization is done early and thus ensuring early protection for our children” (Female parents, Arua)

“The super hero when he says he can protect against measles depicts that immunization is a preventive measure of measles”(Male parents, Kampala)

“Actually, it brings out the impression that if everybody is immunized and they grow up in a very healthy atmosphere and they are very healthy, they can have no chance of being struck by other diseases. The first one is better because the big man shows that immunization is good and once you are immunized that’s your shield to fight all diseases like its illustrated in the picture where he [put his hand against the disease” (Female parents, Mayuge)

"I got the feeling that measles is curable" (Male parents, Kampala)
"Keeps us safe from other diseases" (Children, out of school-Luwero)

The respondents also felt that immunization prevents the spread of the disease from one child to the other, this in the long run would help the child to grow strong and healthy.

"I have learnt that measles can be transmitted from one child to another. And in order to avoid it you have to take your child for immunization. And if a child is immunized it is difficult for the disease to weaken the child." (Female, parents-Mayuge)

"Yes because when you immunize children, they grow up healthy." (Female parents, Arua)

"The message I have got here is that it's really a good thing to immunize our kids. In case some one falls sick that sickness travels, and once you get sick with measles and your are already immunized, it will not affect you because the vaccine that is in you cannot allow it to move closer, you will always be safe from measles." (Female, parents-Mayuge)

"It is trying to tell us that immunization works and protects our children" (Female parents, Lira)

"I have liked the successful fight and end of the story, which shows that children can be protected from measles." (Female parents, Arua)

"I feel happy because the man didn't die and told others about getting immunized."(Children, in school-Bushenyi)

"If there is any patient suffering from measles it can easily be transferred to another person if he is not immunized. In picture six if those kids were not immunized it could easily be transmitted. So if you are immunized and go next to a patient with measles it will not affect you." (Female, parents-Mayuge)

- **Threat from measles**

The concept was also seen to communicate that if children are not immunized they are likely to get measles. It also communicates that the disease is contagious and children who are not immunized can contract it easily from those who are sick.

"The hero can predict that when the child is not immunized, they cannot be able to protect itself against measles" (Male parents, Lira)

"If there is any patient suffering from measles it can easily be transferred to another person if he is not immunized. In picture six if those kids were not immunized it could easily be transmitted" (Female parents, Mayuge)

"I have learnt that measles can be transmitted from one child to another. And in order to avoid it you have to take your child for immunization. And if a child is immunized it is difficult for the disease to weaken the child." (Female parents, Mayuge)

"If there is any patient suffering from measles it can easily be transferred to another person if he is not immunized. In picture six if those kids were not immunized it could easily be transmitted. So if you are immunized and go next to a patient with measles it will not affect you." (Female parents, Mayuge)

"The diseases will spread from one person to another if they are not immunized." (Children, in school-Bushenyi)

"That we shouldn't associate with people who have measles because it's easily transferred from one person to another" (Children, out of school-Luwero)

"That if we don't immunize our children they will be easily infected by measles" (Female parents, Arua)

"It is telling us how measles spreads" (Female parents, Arua)

"It shows how infectious and dangerous measles is." (Female parents, Arua)

"We are seeing how it can be easily spread." (Female parents, Mayuge)

The respondents also felt that the message communicated that avoiding to take children for immunization would increase the likelihood of falling sick, which would as well result into death.

“If you don’t take your children for immunization they can get sick and die.” (Children, in school-Bushenyi)

“What made me happy is that the man kept on telling the parents about diseases that kills children and the parents followed his advice and took the children for immunization” (Children, in school-Bushenyi)

“The situation is really pathetic, and even the third one indicates that the disease is contagious, it can be passed on from one person to another. So measles can kill as many people as possible”

“The disease can easily get us and we die” (Children, out of school-Luvero)

“The third picture indicates that the disease is dangerous, it can be passed from one person to another. So measles can kill so many children as possible”(Male parents, Lira

- **Safety**

The advert was also seen to communicate that the way the vaccine was to be administered would not endanger the children. This was depicted by the use of safe vaccines and disposable syringes; and assurance that measles immunization was going to be safe.

“Sensitizing people and telling them about effects of measles, how it can be protected and that only one infection needle is used for each person then disposed off so people need not worry, that’s it.” (Female parents, Mayuge)

“They talk of having safe vaccines, which is assurance that the exercise is safe” (Female parents, Mayuge)

“The vaccine is really showing itself that it can work trust it” (Female parents, Mayuge)

- **Target group for immunization**

It was also observed that “The Immunize” was the only concept that communicated on the age brackets of children to be immunized. An indication that the message was more pronounced in that concept than in other concepts.

“They are talking of taking children between 6 months and 15 years” (Male parents, Lira)

“We should take children below 15 years for immunization”(Female parents, Mayuge)

“Generally, I could see quite many messages, but one that catches my attention is the one where they mention that even children at the age of 15 years can be immunized”(Male parents, Lira)

- *Continuity or flow of the message in the concept*

Respondents also felt this concept had an organized and good flow of events which made it easy to conceptualize and understand the message.

“Unlike the other concepts, you can see that with this one, you can follow that story, from the time of sickness and to how the superhero comes to help out” (Female parents, Mayuge)

“When you see the pictures, you see that one event follows the other, and this helps one to understand and take in the message easily and fast enough.” (Male parents, Kampala)

“I watched the first message you showed us and somehow I got confused on the way, but this one has a clear message and you do not need to be so keen to get the message” (Children, in school-Bushenyi)

- *Dates for immunization*

Respondents were able to identify the timing for the immunization as being between the 15th and the 19th of October.

“There is the date being mentioned here when you have to take your children for immunization” (Parents female, Mayuge)

“The message I get is that we should all take our children for immunization” (Parents female, Arua)

“We must appreciate the fact that they are telling us that in October we shall need to take our children for immunization. Although they have given us the dates, they have not indicated for us where we shall take the children on the said dates” (Male parents, Kampala)

“So on the 15th-19th is when we shall take our children” (Female parents, Arua)

“I can see the dates in October when we shall go for immunization” (Children, in school-Bushenyi)

b) Call to action

- *Take children for immunization*

On probing the action the parents would take as a result of seeing/hearing the message in the concept, parents felt that the advert would propel them to take their children for immunization. The advert depicts the benefits and threats of immunization that are strong motivators for action.

“I would take my child for immunization because I want my child to be as strong as The Super Hero” (Male parent, Kampala)

“The fact that the germs are spread easily from the air. How they move from the child through the window and everybody shows that without super Hero the probability that my child will get Measles is so high. So it gives a message that you have to immunize so that your child doesn’t get Measles” (Male parent, Kampala)

“It does affect mine. It reactivates. Even if I was not to immunize or reluctant” (Male parent, Kampala)

“It would encourage me to take my child for immunization” (Male parent, Kampala)

“I would take my child for immunization” (Female parents, Arua)

“It would motivate me in particular to at least take my children for immunization because I do not want my child to die.” (Female parents, Mayuge)

“But can not protect our children unless you take them for immunization. So to keep our children under the umbrella of Mr. Immunizer, then we should take them for immunization” (Male parents, Lira)

"I go around and immunize and also show others the goodness of immunization" (Male parents, Lira)

- *Go for immunization (children)*

And likewise, the children both in school and out of school felt that such a message would cause them to go and get immunized or tell their parents to take them for immunization.

"I have learnt that I have to go for immunization against measles, to avoid sickness, as measles is an airborne disease"(Children, out of school-Luwero)

"When I see that message, I tell my parents to take me for immunization"(Children, in school-Bushenyi)

"We would tell our parents to take us, our brothers and sisters for immunization" (Children, in school-Bushenyi)

"What I think I can do is to just go to for immunization" (Children, out of school-Luwero)

- *Sensitize others on immunization*

Also, the same message would motivate them to sensitize as well as encourage others to take their children for immunization. This would be done by telling them of the benefits of immunization and the effects of not taking your children for immunization, which may lead to the spread of the disease, and may also lead to death.

"Sensitizing people and telling them about effects of measles, how it can be protected and that only one infection needle is used for each person then disposed off so people need not worry, that's it."(Female parents, Mayuge)

"I would encourage other women to take their children for immunization"(Female parents, Arua)

"I would tell others about immunization"(Female parents, Arua)

"I would pass on the same information to others" (Male parents, Lira)

"I go around and immunize my children, and also show others the benefits of taking children for immunization

"You better tell others the advantages and disadvantages, so if you fail to mobilize the community you will be the cause. So the message is not to keep it within, but to be spread out.(Male parents, Lira).

Similarly, the children (both in and out of school) also felt that they would also be motivated to sensitize, particularly their parents to take their siblings for immunization.

"I can tell my parents of the importance of immunization." (Children, in school-Bushenyi)

"I would tell my parents to tell the Chairman to tell the people to go for immunization." (Children, in school-Bushenyi)

"I would tell my parents to take the children to get immunized against measles" (Children, in school-Bushenyi)

"Because we can go and tell our parent who did not study to take children for immunization." (Children, in school-Bushenyi)

"I can get ready any time when immunization is taking place to organize kids for immunization." (Children, in school-Bushenyi)

"I can tell people who have not gone to school to take children for immunization." (Children, in school-Bushenyi)

"We encourage everyone to go for immunization because the disease hurts"(Children, out of school-Luwero)

c) Aspects that were found to be unbelievable/unclear

There was a concern expressed over the vulture like creature in the concept illustrating the spread of the disease from one child to the other. With a belief in certain circles that ancestral spirits spread measles, respondents were quick to say that many would be made to believe that indeed measles is spread by the ancestral spirits and would therefore stick to appeasing them as a way of treating measles.

"I didn't understand the picture where the disease was getting out of the window from the sick person." (Children, in school-Bushenyi)

"That creature there crawling (The wave like motion that leaves the sick child through the window) that one I think if people see it given, the traditional beliefs they will think that these ones are really spiritual beings. This can only be handled by witchcraft. We better run to that side. There are the immuniser will be witchdoctor leaving the sick person in form of a spirit"(Male parent, Kampala)

"With that one we have to be very careful because our people believe in witchcraft. The Immuniser is also encouraging it because recently one minister was saying that we should gather witch doctors to go and fight Kony. So you can imagine such a person of such a caliber believing in witch craft what about the local people"(Male parents, Kampala)

"Then the other eagle can be very difficult to understand unless explained" (Male parents, Lira)

"Then the eagle itself alone doesn't make a lot of sense, it's just there hanging. Its like you can not correlate, it's just there by itself. We simply see a body of magnified eagle. Its not really clear" (Male parents, Lira)

Many respondents were seen to give different interpretations of the "The Immunizer". There were still questions as to whether the immunizer was a doctor, the vaccine e.t.c.

"There is this line "Am the Immunizer I can only protect you if you immunize" So if he is the immunizer then he is the protector." (Male parents, Kampala)

"For me I would think that the Mr. Immunizer should be the Doctor because he is just like ... he looks Super natural" (Male parents, Kampala)

"But we want him to look real so if you turn that Mr. Immunizer into the doctor him self then it will be okay." (Male parents, Kampala)

The Immunizer - End Board

a) Key messages from the end board

- *Benefits of immunization*

The end board was seen to communicate the benefits that come with immunization. The respondents out of Kampala noted that the shield symbolized protection with immunization being portrayed as the surest way of protecting children against measles. Additionally, immunization was also seen to protect children from the disease.

"Thank you very much. Now with that poster again we are seeing a man with sort of a shield so it means that once one is immunized the body is now guarded all over there is no way the virus can get you" (Female parents, Mayuge)

"On my side think the shield is used in many traditional tribes in Uganda and whenever they see a shield like this one they always know that it's for protection. So when a person in the village who hasn't been sensitized sees the shield, he definitely knows it's for protecting and I think it's more appropriate." (Female parents, Mayuge)

"Our children will be strong if we immunize them against measles" (Female parents, Arua)

"It is telling us that immunization helps us bring up healthy children" (Female parents, Mayuge)

- *Dates for immunization*

The end story was also seen to give an indication of when the immunization exercise will be conducted i.e. from 15th-19th October 2003.

"It gives the dates of immunization" (Male parents, Lira)

"The dates can be seen easily" (Male parents, Kampala)

"At least one thing that I am able to clearly see even from a distance is the dates when they are going to have children for immunization. Actually, there might be no other important information, but at least that one is clearer" (Female parent, Mayuge)

"Yah, the dates are very clear"(Children, in school-Bushenyi)

b) Issues that were unbelievable/Unrealistic

- *The use of the shield*

Some respondents were of the opinion that Mr Immunizer was depicted as a strong person yet on the end board he was holding a shield. The use of the shield could be interpreted to mean something else. It has been used to advertise a certain brand of condoms. It also gave an impression that he was not as strong as the advert had communicated.

"I think the immunizer should depict the medical staff that is going to immunize other than the man with the shield"(Male parents, Kampala)

"Not many people know the shield" (Male parents, Kampala)

"I think it is good enough for some people but some people will look at it and say Shield? It is better without the shield, it doesn't strike" (Male parents, Kampala)

"The Immunizer is simply enough. But the shield has been used before in an advert, (Ngabo Condom) there is nothing new about the Advert" (Male parents, Kampala)

"I would say that really immunization week of date is but the immunizer is with you; it is like is holding shield, you will see that the immunizer along cant protect you without his shield. The message doesn't come out so clearly; he is holding a shield for what? (Male parents, Kampala)

- *The tag line*

The tagline "The immunizer is with you" was seen to be vague. This tag line did not communicate any benefits, threats or call to action.

"What I like there is the other heading talking about immunization week but down there I dislike the way it is telling us that the immunizer is with you; because given that the immunization is going to take place but is now with you, so there is not use for immunization to you, because you already have the immunizer."(Male parents, Lira)

The Immunizer - Poster

a) Key messages from the poster

- *Timing and target group*

The poster was seen to communicate two vital aspects, i.e. the timing of the immunization by indicating the dates and also the age groups of the children that are supposed to be taken for immunization.

"Ya; there is that immunization week standings that really stands out;"(Male parents, Lira)
"I can see they are telling us to take our children for immunization starting from the 15th of October" (Female parents, Arua)

- *Benefits of immunization*

A cross section of respondents argued that the use of the shield depicted immunization as protecting children against measles. This was seen to have an added advantage as it makes the child strong and healthy.

"Before we can look at that may be to bring out the information clearly is to have a spear inserted in the shield with the writings of measles. There even the layperson will understand that the fight, which Mr. Immuniser is going for, is measles. So the spear will be the measles and the vaccine will be the shield, showing measles trapped in the shield." (Male parents, Lira)

"The shield because it is a sign of protection"(Female parents, Arua)

"It is trying to tell us that immunization works and protects our children" (Female parents, Arua)

"It is trying to tell us that we can protect our children if we immunize them against measles." (Female parents, Arua)

"I like it because they are using a shield which is a sign of protection." (Female parents, Arua)

- *Immunization a nationwide issue*

The use of the Ugandan flag was perceived to be good as it depicted immunization as a national issue. Additionally, the respondents also felt that the use of the flag meant that the exercise had a government backing.

“That centrally the immuniser plays an important role in protecting the children and the Uganda flag there means that immunization is a Ugandan thing.” (Male parents, Lira)

“The flag is an indication that the message is targeting the whole country” (Female parents, Mayuge)

“The flag of the map of Uganda is good as people will know that the government of Uganda is part of the campaign to eradicate its people from measles, so that is basically the message that I get from there.” (Male parents, Kampala)

b) Call to action

The tag line “Visit your nearest immunization post” was seen to be a calling for all concerned to go or take their children for immunization at the nearest immunization centre.

“The information is very clear, the immunization week and then to your nearest immunization center; it really drives the information home.”(Male parents, male)

“They are also telling us that we should not trek long distances to take our children for immunization, but to go to our nearest immunization centers and we get immunized”(Children, out of school-Luwero)

“That we go very near to get immunized”(Children in school)

Although perceived to be communicating various positive messages, the male respondents noted that the poster is congested with lots of pictures, which to some may not be appealing.

The Athlete – TV concept

a) Key messages from concept

- *Benefits of immunization*

The Athlete’s concept was perceived to communicate the benefits of immunizing children. Immunization was seen to prevent measles and other diseases.

“I was touched by the fact that measles can easily be prevented by immunization” (Male parent, Kampala)

“When people are immunized, they are strong and can fight diseases” (Children, out of school-Luwero)

“You can easily fight against diseases like measles” (Children, out of school”

“We have the portrays of playing children telling us that if we immunize we can’t even go to see a doctor or ask for any assistance.”(Male parents, Lira)

“That a child can be attacked with measles if not prevented. So the need to immunize is paramount as it prevents it.” (Female parents, Mayuge)

“Because if am immunized, I become health and strong” (Children out of school)

It was also felt that the concept communicated that immunizing a child against measles makes a child very strong and healthy. This was depicted particularly from the illustration of an athlete running.

"It is good because if they hadn't been immunized, they would not have energy to run like her." (Female parents, Mayuge)

"The children are running as fast as the old ones because they are healthy" (Children, out of school-Luwero)

"It shows that when you immunize your child against measles, she can grow strong like the athlete" (Female parents, Arua)

"When it is time to take children for immunization, I should also take my child so that she grows up healthy and strong." (Female parents, Arua)

"The athlete is a sign of strength" (Female parents, Arua)

- **Safety**

It was also a feeling of the people that the concept communicated a message on immunization being safe.

"I know its safe to be immunized" (Children, out of school-Luwero)

"They have told us that the vaccines are safe"(Male parents, Lira)

"Since they tell us that it is always safe to use disposable needles, it can be encouraging (Female parents, mayuge)

"They is an assurance that our children will be safe when they use safe vaccines" (Female parents, mayuge)

- **Threats from measles**

The respondents also felt that the concept also showed that without immunization, a child becomes susceptible to measles and other diseases and that if not immunized early, it may cause death as a result.

"In addition to her response, you really tell them that all is not well if the child was not immunized. You try to explain to them that its very dangerous, telling them that a child may die if not immunized and it will not be health."(Female parents, Mayuge)

"Me what I gather is that measles can be taken out to be a threat to society if not addressed kindly because going by this charts we really see concerted efforts are being directed towards figuring measles as one of the killer diseases."(Male parents, Lira)

"To understand about the dangers of measles and how ready it is to finish our children". (Male parents, Lira)

"Because we can easily get the disease""(Children, out of school-Luwero)

"The crying parent which indicates that their child is dead" (Female parents, Arua)

"Now I know that if I don't immunize my child, he/ she will not be healthy and therefore susceptible to measles attacks" (Female parents, Arua)

"Immunization protects us from the misery of losing our children" (Female parents, Arua)
"The sister who lost a brother is telling people to get immunized." (Children, in school-Bushenyi)

"It shows that the disease can kill since the brother of the runner died." (Children, in school-Bushenyi)

"May be if she hadn't been immunized earlier, she could have died" (Female parents, Mayuge)

- *A collective effort to fight measles*

The use of a wide variety of personalities was seen to call for a collective effort in the fight against measles. It called for everybody to go out and inform all about the need to take children for immunization.

"It's good in that once I have gone back, you try to tell your neighbors if their children were not immunized then they should be taken for immunization, especially to some lazy parents giving them all the details" (Female parents, Mayuge)

"I got that every level must take children for immunization that is church, in schools teachers teach children to tell parents to take them for immunization, parents at home have to take their children for immunization." (Female parents, Mayuge)

"The message I got is that all of us should join hands and help each fight against measles. Let teachers teach children, children go home and tell their parents even when you go for prayers, the pastors should encourage their congregation so if we all join hands measles can be wiped out." (Female parents, Mayuge)

"In as far as what we have seen it reflects the image that if we collectively we can prevent Measles together" (Male parents, Kampala)

- *Dates for Immunization*

Respondents also felt that the message regarding the timing when immunization would be conducted i.e. 15th to 19th October was clearly reflected.

"When you look at the other parts, it describes the day when immunization will take place" (Male parents, Kampala)

"This one also tells us when we shall go for immunization (Male parents, Lira)

"Anyway, I can see that all of them are encouraging us and telling us when we shall take children for immunization, am just hoping that the dates do not change as we go on" (Female parents, Arua)

- *Happiness and Success*

The parents and children felt that the concept communicated that families who immunize their children are happy. The parents also associate this concept with success because of the personalities used on the advert.

"The children are happy because they have won the battle against measles." (Children in school)

"The woman is happy with children after immunizing them." (Children in school)

"The thing that has interested me out of this message is that am happy the family is happy and this is because they took their children for immunization" (Children, out of school-Luwero)

"Happy people because they have taken their children for immunization" (Children, out of school-Luwero)

"When children are immunized, they become happy"(Children, out of school-Luwero)

"For me I liked the happy family walking. It just shows the benefits of immunization and success" (Male parents, Kampala)

c) Call to action

Respondents were probed on what they would do as a result of seeing or hearing this message. Like all the other concepts, both taking to children to the immunization centres and sensitizing children came out strongly amongst the parents. The children also gave indications that they would either go by themselves for immunization or tell their parents to take them.

- *Sensitizing others*

Both the parents and children felt that the messages in the concept would motivate them to go out and tell others about the need to have their children immunized against measles. Additionally, the children said that they would be willing to play a role in distributing sensitization materials as a means of ensuring the message reached many people.

"I like the man telling people to take children for immunization" (Children in school)

"I would tell parents who don't listen to take children for immunization." (Children in school)

"I will tell people about immunization so that they can take their children for immunization" (Children, out of school-Luwero)

"Advertise about measles by putting up posters that can make people follow them" (Children, out of school-Luwero)

"Advise others to go for immunization" (Children, out of school-Luwero)

Yes it does because what we have just seen is that when the child is immunized can run like Inzikuru and that one gives reason for immunization to take an upper hand" (Male parents, Lira).

"The advantage of immunization in this message is really unimportant, so after seeing the message you go spreading the message about measles immunization."(Male parents, Lira)

"I cannot even dare keep quite, I just have to go a head and spread the gospel." (Male parents, Lira)

- *Taking children for immunization*

The parents felt that the message would immediately motivate them to take their children for immunization.

"I would definitely take my children for immunization not after hearing the benefits that are in it" (Male parents, Kampala)

"I would then go to my children, get them and take them for immunization"(Female parents, Arua)

"Because when you see the happiness; when people are fit, when they are healthy because of immunization, then it encourages one to take your children for immunization."(Male parents, Lira)

"I would make sure my child is immunized" (Female parents, Arua)

- **Go for immunization**

The children on the other hand felt that the message would compel them to either go for immunization or tell their parents to take them for immunization.

"I would go for immunization" (Children, out of school-Luwero)

"I will always go for immunization so as to be come strong" (Children, out of school-Luwero)

"I go for immunization so that i can be healthy and happy" (Children, out of school-Luwero)

"Go to hospital for immunization" (Children, out of school-Luwero)

"I can tell my parents about immunization so that they can take me for immunization"(Children out of school)

c) Aspects that were found to be unbelievable/unacceptable

- **The personalities**

The concept shows various personalities like Dorcas Inzikuru, Charlie Lubega, Miss Uganda and Justine Juuko. In most of the rural districts that were visited for this study, the key personalities were unknown to the respondents. Therefore, there was a perception that the concept targeted those in urban areas. The rural respondents suggest the use of local heroes whom they can identify with.

"Not everybody knows Dorcus Inzikuru but its better they use a more known personality that dorcus Inzikuru"(Male parents, Kampala)

"They could have used somebody in football" (Male parents, Kampala)

"Even the Kabaka of Buganda" (Male parents, Kampala)

"There was a time when the Kabaka championed the immunization of kids against polio and it worked" "(Male parents, Kampala)

"I think it would be better if we pick different categories of people because my grandmother in the village is not going to understand a Kamoga. However if it was the Cardinal or the imam in the mosque, she would definitely get the message immediately"(Male parents, Kampala)

"For the cultural part like he said the Kabaka would be good for the baganda. The Kyabazinga for Busoga. Because we are saying that part of the problem is cultural, so if your cultural leader came up there, people would take their children" "(Male parents, Kampala)

"Personally did not like that Idea of Dorcus Nzikuru.They could use somebody more established than Dorcus Nzikuru" (Male parents, Kampala)

"May be before you move to something else, I was wondering if there is a possibility of adding in other people that people say in Mayuge relate to." (Female parents, Mayuge)

- *Gender bias*

The concept was also seen to have a gender bias as the story line was focused on the females only. This aspect was particular highlighted by the male groups in Kampala and Lira.

“That message seems to be inclined more on the girl child than the boys. The Athlete is Dorcus Nzikuru then those people who were taking the child to the clinic were taking a girl child then the mother and father picked a doll normally the dolls are girls and even the one who died is the brother. So it seems it is favoring the girl child than the boys.” (Male parents, Kampala)

“At least if the father was holding a boy and the mother a girl taking them for immunization. Probably that would be a better picture.” (Male parents, Kampala)

“But in that one, they only talk of the girls but not the boys, can we assume that the boys do not matter at all? (Male parents, Lira)

Athlete Concept - End board

a) Key messages from end board

- *The tagline*

This concept was perceived to have the best tag line and was perceived to communicate that the immunization exercise is a nation wide concern.

“The whole country is united against measles” (Male parents, Kampala)

“To me the whole country. Every body is involved. When you look at that pictures this appears as a family. So every body is involved.” (Male parents, Kampala)

“Before you go to that Uganda United against Measles in that context means that Ugandan children are united against Measles. So not everybody not even pregnant mothers will be immunized but all the kids.” (Male parents, Kampala)

- *Dates of immunization*

This end board was also seen to communicate the dates when immunization would take place.

“Between 15 and 19t September that’s when immunization will take place.” (Male parents, Kampala)

“I like it simply because it indicates the dates when children will be immunized. And the pictures”(Female parents, Mayuge)

- *Happiness*

The end board was seen to communicate families who have their children immunized are happy.

"The kids are happy" (Male parents, Kampala)

"I think what the end board is showing us unity among people and the end result is happiness."(Male parents, Lira)

"You can see the children and all are happy, signifying that immunization creates happiness" (Female parents, Mayuge)

"The children are happy, it creates happiness" (Children, in school-Bushenyi)

Athlete Concept - Poster

- *Happiness*

Like in the end story, the poster also portrays the message of happiness as clearly illustrated by the happy children.

"The happy family tells a lot about immunization"(Female parents, Mayuge)

"You see, when I look at those happy children in a family I feel happy, and I imagine that there are benefits attached to immunization" (Female parents, Arua)

- *Unity*

The aspect of unity was highly reflected in the tagline "Uganda united against measles" which portrayed the immunization process as a national concern.

"To me the whole country. Every body is involved. When you look at that pictures this appears as a family. So every body is involved." (Male parents, Kampala)

"Before you go to that Uganda United against Measles in that context means that Ugandan children are united against Measles. So not everybody not even pregnant mothers will be immunized but all the kids." (Male parents, Kampala)

"That line is very important, and I wish it had been made with a map or flag" (Male parents, Lira)

"The line is more embracing" (Female parents, Mayuge)

- *Immunization dates*

This poster also communicated the dates when the immunization will take place.

"Between 15 and 19t September that's when immunization will take place."(Male parents, Kampala)

"It also highlights the dates when the children are supposed to be immunized" (Children, out of school-Luwero)

"The dates are more clearer"

Care for kids – TV Concept

a) Key messages from the concept

- *Benefits of immunization*

As was the case for the other two concepts, this particular concept was also said to communicate that immunization was important in protecting children not only from measles, but also other diseases. It also communicated that children who are immunized are likely to have a bright future as they grow up health and strong.

- *Threats of not immunizing*

Another message take out was that measles is dangerous and can kill children who have not been immunized. The concept also communicated that if children are not immunized, other diseases can attack them.

“If we do not get immunized, we get other diseases” (Children, out of school-Luwero)

The message portrays measles, as a disease that can incapacitate therefore there is need to fight it, then the community should fight it by immunizing”. (Male parents, Lira)

“To understand about the dangers of measles and how ready it is to finish our children.” (Male parents, Lira)

“If we do not immunize kids, they never become healthy” (Male parents, Lira)

“The disease, if not treated faster, may destroy your children completely” (Male parents, Lira)

“Me what I gather is that measles can be taken out to be a threat to society if not addressed keenly because going by these charts we really see concerted efforts are being directed towards fighting measles as one of the killer diseases”(Male parents, Lira)

“Measles is a very dangerous problem.”(Male parents, Kampala)

“That a child can be attacked with measles if not prevented. So the need to prevent is paramount”(female parents, Mayuge)

“In addition to her response, you really tell them that all is not well if the child was not immunized. You try to explain to them that its very dangerous, telling them that a child may die if not immunized and it will not be health”(Female parents, Mayuge)

- *Measles prevention as a collective responsibility*

The respondents felt that this concept encouraged people to take collective responsibility in preventing the disease. This can be done through taking children for immunization and sensitizing those with children to do the same. This was illustrated by the message by the use of different personalities i.e. the teachers, the doctor, the pastor who were passing information on immunization.

“My feeling is that measles is a concern of a very body, because I can see a doctor there, the reveland there, the children, so I see every body participating in this kind of a thing.” (Male parents, Lira)

“Me what I have seen is that measles is a general concern; people from all walks of life are concerned about measles.” (Male parents, Lira)

“My opinion is that every body every one is participating, we see the sick baby, so what I can tell is that every body from all categories is concerned about the cause and prevention of measles.” (Male parents, Lira)

“Okay looking at the idea it shows a concern of every body about children; in the class a teacher is concerned, in church a reverend is concerned. If you look at the medical staff the also gather children and you can see they are also concerned. So society that gathers children is concerned about children.” (Male parents, Lira)

“I got that every level must take children for immunization that is church, in schools teachers teach children to tell parents to take them for immunization, parents at home have to take their children for immunization.”(Female parents, Mayuge)

“The message I got is that all of us should join hands and help each fight against measles. Let teachers teach children, children go home and tell their parents even when you go for prayers, the pastors should encourage their congregation so if we all join hands measles can be wiped out.”(Female parents, Mayuge)

“It is good since it involves all respected people like teachers, reverends, and health workers”

““The message or the idea what is trying to tell us is to be concerned about our children health status about these immunizable diseases. These people doctor and nurses are fighting to the save the life of the kids” (Male parents, Lira)

b) Call to action

- *Take children for immunization*

On exposure to this concept, parents said they were likely to take their children for immunization an indication that it had a strong call to action message.

“After hearing you have to practice by immunizing children”(Male parents, Lira)

“Ya that I should take greater initiative to avoid my child going into such a situation.” (Male parents, Lira)

“I felt concerned and thought that my kids if they are not immunized then I should immunize them immediately”(Male parents, Kampala)

“That we should endeavor to take our children for immunization” (Female parents, Arua)

“I would take my child for immunization” (Female parents, Arua)

“I got that when every level must take children for immunization that is church, in schools, teachers” (Female parents, Mayuge)

“When you look at there is that symbol of the heart which means that if you love your kids and you want to make them happy you need to immunize them, it will make them happy.” (Male parents, Lira)

“It is telling us that we should be concerned about the well being of our children in our houses.” (Male parents, Lira)

“I would take my child for immunization” (Female parents, Arua)

- *Sensitize others*

In addition to taking children for immunization, respondents also felt that the concept portrayed a message of collective responsibility in the sensitization process. The respondents said that they would take active role in creating awareness about measles immunization, its benefits and the dangers of not immunizing children.

*"I go to the village and tell my neighbors about the importance of immunization."
(Children, in school-Bushenyi)*

"If I am not able to tell the people of my village about immunization I would tell my parents to tell to LC's so that they can tell people about immunization." (Children, in school-Bushenyi)

"Go back to my village and tell people the importance of immunization." Children, in school)

"Because the message is meant for every body especially parents as a parent I have to take concern, as the message is to fight measles and make sure the message goes on and on and take it upon to see that the children are immunized against measles."(Male parents, Lira)

"Me as a parent I have to act accordingly by fighting to stop measles, in some communities you may have to double as a teacher and teach people about immunization". (Male parents, Lira)

"Not to hide the information I have seen, but to pass it to the neighbor and then the neighbours can pass it on." (Male parents, Lira)

"Tell others about immunization especially those who don't know about it". (Male parents, Lira)

"I would advise friends to take their children for immunization" (Female parents, Arua)

"Children to tell parents to take them for immunization, parents at home take their children for immunization" (Female parents, Mayuge)

"Its good that once I have gone back, you try to tell your neighbours if their children were not immunized, then they should take their children for immunization, especially the lazy one's" (Female parents, Mayuge)

"I liked the arrangement because it was put that at every immunization level or in every place where there was a gathering there's immunization sensitization." (Female parents, Mayuge)

b) Aspects that were found unbelievable/unacceptable

- *Length and continuity*

Overall, the concept was not only seen to be too long but also the message in it was difficult to conceptualize. This was mainly attributed to the many storyboards portraying different scenes. Specifically, the male respondents in Kampala attributed the confusion to the use of many personalities and all in different scenes. As a remedy to this, they suggested that all the personalities should stand together and in a united voice give a message on immunization.

"It should chronologically follow some meaningful pattern" (Male parents, Lira)

"The doctor and the nurse it is as if they are just happy longing so it is difficult to connect the story". (Male parents, Lira)

"For me I lost it"(Male parents, Kampala)

"It starts well, but then it drags on"(Male parents, Kampala)

"It's a bit too long, the impact of the message seems to be diluted during the course of the action"(Male parents, Kampala)

"Its quite long"(Male parents, Kampala)

"The doctors message comes too late"(Male parents, Kampala)

"You know the problem is that it isn't flowing. You have the children first playing then you put I teacher then a doctor then a pastor if probably. To add on his idea was very good were he says we put them all together but if f You put them together and each said a small word and at the end of it all we come up with one big word or phrase .I think that way we will compensate for all of them jumping around." (Male parents, Kampala)

"I don't know if the information is following in order but I don't see any order, me what I think the information should have some kind of hierarchy showing if you do this, this will happen and if you don't do this, this will happen; some kind of order. If we could restructure the charts and see if it is the children we are talking about and immunization then we should begin with that who are the people involved, if you don't go to immunize what happens to show some kind of configuration but the arrangement there doesn't make a lot of sense." (Male parents, Lira)

"Its really good, except that its not as short as the other ones displayed before" (Female parents, Mayuge)

"The message is clear, only some bits like those children with a reverend, it is not very clear to tell what they are doing and even the other nurse; it is like she is just relaxing and the reverend talking to children may be is sensitizing but about what, it is not very clear; but if they are marked properly I thing they can be understood." (Male parents, Lira)

- **Religious Discrimination**

There was also concern expressed about the use of Jesus and pastor in the advert. This was seen to only appeal to the Christian community and the other sects would be offended about it, thus refusing to heed to the call on grounds that the message is not seeking their participation.

"And there is another one where the pastor says let the children blah that's a little discriminative"(Male parents, Kampala)

"I do not understand the connection between Jesus and immunization" (Female parents, Arua)

Care for kids – End Board

a) Key messages in the end board

- **Immunization dates**

The end story was seen to communicate the dates when the immunization exercise will take place.

"Care for kids and take them to be immunized against measles between 15th – 19th October" (female parents, Mayuge)

"The poster reads that from 15th – 19th October" (female parents, Mayuge)

"Its good, because it even shows the dates when children are going to be immunized. We in the discussion now know the dates. So when we go back, we shall have to tell our friends" (female parents, Mayuge)

"It tells me to take my child for immunization between these days for immunization"(Male parents, Kampala)

"It clearly indicates the dates of immunization" (female parents, Arua)

- *Parental responsibility*

Respondents also felt that the illustrations of the cartoons representing the parents and the children in the end story communicated the message of parents bearing the responsibility of looking after their kids by taking them for immunization.

“What I see on that end story is the man and the woman, the two young ones imply that they have the responsibility to take the children for immunization on those dates” (Female parents, Mayuge)

“It tells me to take my children for immunization” (Male parents, Kampala)

“If you see the heart, the heart for life stands for immunizations, so if you want life then you must immunize. Therefore it means that our life or the life of children purely depends on immunization.” (Male parents, Lira)

- *Immunization make families happy*

The respondents also felt that the end story communicated happiness. This was illustrated in the happy family on the end board.

“Those pictures really stand out. Because they depict kind of happiness yet the meaning of Measles is not is not surprising actually.” (Male parents, Kampala)

“Those who have been cared for are the ones that are happy” (Male parents, Kampala)

“It is showing us happy children and the child is happy because they were immunized and is therefore protected from measles.” (Female parents, Arua)

““It is also telling us that if we take our children for immunization, we will have happy families” (Female parents, Arua)

b) Unbelievable/ unrealistic aspect in the end board

- *Association with blood donation*

The respondents felt the concept was not original and associated it with blood donation. They claimed that the red colour had been used on a blood donation campaign, therefore, there is a possible likelihood of so many other people associating it with blood donation.

“To me it may be good for people in Town and people who have gone to school might think that this is blood donation because of the red colour because this is symbol for blood donation you may take long to know what the message is unless you know how to read but if you don't then you will think that may be blood donation”(male parents, Kampala)

“The colours are not good as they can be associated with other activities. Say we are used to seeing red for blood donations, so when I see this from a distance, its like they are donating blood”(Male parents, Kampala)

- *The statement “care for kids”*

The tag line “Care for Kids” were found to be inappropriate for communicating about the measles immunization campaign. This words were felt not to be strong enough considering that the issue under discussion was life threatening. Therefore, it was suggested that in place of this tag line, “Save your children’s lives”, or “Protect your child” . Also the word protect was suggested in place of care.

Although there was preference for save, some respondents argued that save had already been used for blood donations, so it would contradict the message

“The concept is very shallow. Care for Kids why don’t we say save lives. Care for Kids is very laid back and reluctant” (Male parents, Kampala)

“Excuse me Tony I think the choice of words is very important. We should put something that carries a message across. I think Care for Kids is not enough?”(Male parents, Kampala)

“Lets say save lives save you child’s health” (Male parents, Kampala)

“You can also say Protect your child against Measles” (Male parents, Kampala)

- *Use of the word “kids”*

The use of the word “kids” was perceived to be inappropriate in Uganda. Respondents felt that this word was too westernized and preferred the word “child” or “children”.

“When we use the word kids, it could be taken as a joking word; somebody who is even big and you call him or her kid. So i think children are the best word to use.” (Male parents, Lira)

“I think let us use children some people may think it means a different thing; some may think it means these young goats.” (Male parents, Lira)

Care For Kids - Poster

a) Key messages in the poster

- *Parental responsibility*

The cartoon illustration is seen to communicate the message that both the mother and the father of the children should play a role in ensuring that children are immunized.

“When you see the father, mother and the children all in one photo, it shows that the parents responsibility of looking after children is for both parents”(Male parents, Lira)

“Look at the parents in those cartoon, if they were real people you would imagine the thing is telling you that you as a parent are responsible for your child’s health(Female parents, Arua)

“You see the picture of the mother and father, showing that they should take our children” (Female parents, Mayuge)

- *The immunization dates*

Like all the other posters, this poster also showed the dates when the immunization is intended to take place.

"I see now a lot of sense there you can see a kid up there and children down there, and if you can see that big thing which can even be seen by some body who is even blind indicating immunization week, the date is also open and where you are going to immunize; the nearest health center; I think that is very fine."(Male parents, lira)

"It has started from a week; when to immunize, the day, the month and the year;" (Male parents, lira)

"The day of immunization," (Male parents, lira)

"It is detailed giving us the dates of immunization" (Female parents, Arua)

"It is showing the immunization week" (Female parents, Arua)

"It is telling us to take our children for immunization on the indicated dates" (Female parents, Arua)

"Immunization week; 15th - 19th October." (Female parents, Arua)

"You remember the period when immunization will take place?" (Children, in school-Bushenyi)

- *The target group*

This poster was also seen to indicate the target group to be immunized.

"The age limit is there; it stands out very clearly 6 months below 15 years it is very clear here." (Male parents, lira)

"The age to immunize is really very clear" (Male parents, lira)

"I think it's very systematic it also gives us the age limit." (Male parents, lira)

"Immunize your kids on the specified day and month of the year between 6 and under 15 years of age." (Male parents, lira)

"The ages of the children to be immunized." (Female parents, Arua)

b) Unbelievable/unclear aspects in the poster

- *Too brief*

Respondent felt that in comparison to other posters, this one had very little information on immunization this poster was seen to have brief information.

"This was had no information" (Female parents, Arua)

"There is little you can get out of that one" (Male parents, Kampala)

"Has little information" (Children in school)

- *The use of the word "kids"*

The respondents also felt that the use of the word "kid" was inappropriate and therefore suggested the use of the word "children" instead.

"Just change kids to children not to confuse people who may decide to interpret it different." (Male parents, Lira)

"Change kids to children so that to have something uniform" (Male parents, Lira)

"There is nothing really I would dislike except kids viz-a Vis children." (Male parents, Lira)

Specific content probing

- **Threat appeal to risks from measles**

Preference was high for “Deaths per year” as it gives bigger figures that are seen to have an impact on the respondents as compared to the monthly and daily figures, for as long as the figures are not blown out of proportion.

- **Immunizable ages: up to 15 years, under 15 years, and up to 14 years.**

Preference was high for the up to 14 years as its known that 15 years caters for 15years and the months before the age of 16 years.

- **Preferred name: Mr. Immunizer or The immunize**

Preference was high for The Immunize name amongst the parents with the children preferring the Mr. Immunizer, but respondents also felt that in place of The immunize, they would use “The Immunizer”

2.5.5 RANKING

At this point, respondents were exposed to all the TV concepts, the end boards and the Posters and told to identify the concept that communicated the best message on immunization.

TV concept

It was the opinion of the respondents that “*The Immunizer*” communicated the best message on immunization. Preference for The Immunizer was based on the fact that it communicated the best of the attributes like benefits, Threats and the fact that they found it easy to understand.

- *Benefits*

The poster was seen to portray the different benefits of immunizing like avoiding diseases, and also fighting against other diseases.

“The Immunizer concept has the Immunizer who fights diseases” (Children, out of school)

“The Immunizer avoids diseases” (Children, out of school)

“It shows strength and the shield is a sign of protection indicating that our children are protected if they are immunized.”(Female parents, Arua)

“Because the man is powerful and he can fight against measles.” (Children, out of school)

- *Easy to understand*

The pictorials and images were also seen to be precise and therefore easy to understand. It was seen that even the layman in the rural areas would benefit from the simplicity of the pictorials

"The message is precise" (Male parents, Lira)

"The immunizer because it stands out as a protector" (Male parents, Lira)

"I suggest this one (Mr.Immunizer) it illustrated it so well to an educated person, he looks at how the disease is moving and it goes to affect another person so when it is shown up someone quickly understands it. Unlike these ones here, a lady in the village would imagine that this one is peeping and also she would not understand what the lady is doing." (Female parents, Mayuge)

- *Threats*

It was also seen to communicate the fact that the measles is very dangerous and that it could cause death and that it can also spread from one child to the other.

"The Immunizer is the best because it shows in detail how measles is spread and how dangerous it is." (Female parents, Arua)

"It shows how the disease is spread." (Children in school)

"I think the immunizer shows how measles attack you, how its protected and how to immunize against it, think the immunizer is better." (Female parents, Mayuge)

End boards

Like the TV concept, the respondents also felt that the immunizer end board communicated the best message on immunization. This was based on the fact that the end story depicted a strong man, which was translated to mean that immunization fights all the other diseases and also makes one strong and healthy.

"Because it shows that since he is healthy and is a kanyama, he can fight all the disease"(Children, out of school)

"The Immunizer because of the words the Immunizer is with you means that you are protected." (Children, in school)

"Shows all measles symptoms." (Children, in school)

"The Immunizer is the best because it shows in detail how measles is spread and how dangerous it is."(Female parents, Arua)

"The Immunizer is the best because it shows in detail how measles is spread and how dangerous it is." (Female parents, Arua)

Additionally, the shield on the end story was also perceived to mean that immunization protect against measles and all other diseases

"The man has a shield for protecting children against measles." (Children, in school"

"It shows strength and the shield is a sign of protection indicating that our children are protected if they are immunized."(Female parents, Arua)

"Because it shows that when we immunize, we are protected and the shield symbolizes this." (Female parents, Arua)

The Posters

The immunizer poster was perceived to communicate the best message on immunization. This was attributed mainly to aspects such as. This was attributed to factors such as:

- *The flag*

The flag was seen to give the exercise a national identity. It also signified that everybody is part of the exercise.

“The flag shows it’s a National issue everybody, every district is supposed to join in the exercise” (Female parents, Mayuge)

“The colours are nice and you can tell it’s a Ugandan flag.” (Female parents, Mayuge)

“You look at the shield and flag and realize it’s a National issue and behind him all people are happy”(Female parents, Mayuge)

“The flag of Uganda shows that everyone is ready to fight measles.” (Children, in school)

“Because of this flag.” (Children, in school)

- *Benefits*

The female respondents in Mayuge envisioned the figure like structure to depict the man who had thrived on the benefits of immunization and therefore healthy and strong. Therefore Immunizer stood for healthy and strength after immunization.

“The second one is good, when you look at that big man while in a line as usual sometimes after being harassed like we said. Now as you walk out and glance at the notice board, you look at the man and wonder whether is a real person.

If it’s a human being what does he really eat and where does he sleep, and in which country did he grow up from. You therefore conclude that if you immunized your child, he could be that strong.” (Female parents, Mayuge)

“Ya that man is healthy, he was immunized against measles so he is free from measles. You also look at the structure and wonder, is this a real man or a picture and then you try to imagine and your mind is taken up there.” (Female parents, Mayuge)

“The Immunizer is strong to protect children against measles.” (Bushenyi, in school)

- *Illustration of children*

The illustration of the children on the poster was seen to signify that the children are the target group for the exercise. The happy faces were seen to mean that immunization makes children happy.

“Then we are seeing the jolly people behind in the background they are showing that with immunization, people in Uganda can always live happier lives” (Female parents, mayuge)

“Children are very happy with the flag flying up meaning that the won the battle against measles by immunizing children.” (Female parents, Mayuge)

- *Action to take*

It was also felt that the poster would easily motivate one to act. This was seen to be illustrated by the statement "Take your children to the nearest immunization post". Additionally, the figure of the man was also seen to be a motivational factor as he was seen to represent aspects of being strong and healthy.

"I think it's the one for the Kanyama (immunizer) because the poster shows that with all his muscles and shield he can fight all diseases" (Children, out of school)
"Ya that man is healthy, he was immunized against measles so he is free from measles. You also look at the structure and wonder, is this a real man or a picture and then you try to imagine and your mind is taken up there."(Female parents, Mayuge)

Ranking Analysis

The selection criteria used were for the best concept in terms of communicating the benefits of immunization, dangers of measles, safety of the vaccine, the target group for the vaccine, the immunization dates, call to action and appeal. For each group that met the criteria, 1 point was awarded. For example in from the table below. The Immunizer was found to communicated about the benefits of immunization in all 6 groups hence the 6 points.

| | THE IMMUNIZER | ATHLETE | CARE FOR KIDS |
|-----------------------|---------------|-----------|---------------|
| MESSAGES | | | |
| Benefits | 6 | 6 | 6 |
| Threats | 5 | 4 | 4 |
| Safety | 1 | 1 | 0 |
| Continuity of ad. | 3 | 1 | 0 |
| Timing | 2 | 3 | 0 |
| Target group | 2 | 0 | 0 |
| CALL TO ACTION | | | |
| Take children | 6 | 5 | 5 |
| Sensitizing others | 5 | 6 | 6 |
| APPEAL | 4 | 0 | 2 |
| Overall score | 34 | 26 | 23 |

2.5.6 CONCEPT TESTING - STUDENT STIMULIS

At this point, respondents were exposed to the student resource materials and asked for their opinion. The materials included the school student materials and the student activity sheets. The materials composed of a poster, a lapel sticker and an activity sheet.

Poster

a) Key messages in the poster

- *Dates of immunization*

The calendar on the poster was seen as a feature that would serve as a reminder to both the parents and the students of the impending dates for immunization as it clearly illustrates the dates for immunization.

“The poster is clear since it shows that there is immunization against measles and the dates are indicated” (Female parents, Arua)

“The materials are all good since they act as reminders. But the poster is the best since it can be hang up and somebody may not easily forget the days of immunization” (Female parents, Arua)

“The poster may be some how appropriate since it can be put both in classrooms and in the home so that when a child goes to school, he/she is reminded and even when they go home, they are reminded about the dates of immunization” (Female parents, Arua)

“When you see the date you remember to go for immunization.”(Children, in school-Bushenyi)

- *Call to action*

Parents and children also felt that the poster would urge them to take children for immunization.

“Tell parents who have kids who are not immunized to take them for immunization.”(Children, in school-Bushenyi)

“Tell the illiterate, those that have not gone to school to go and get immunized.” (Children, in school-Bushenyi)

“When I see that, I can tell people that they should take their children to school” (Children, out of school-Luwero)

b) Unbelievable /unrealistic aspects

- *No ages specified*

Parents felt that the different resource materials lacked the ages for children that are supposed to be immunized.

“There are no age limits specified as regards who should go for immunization” (Female parents, Arua)

“it does not show at what age we are supposed to take the children for immunization” (Female parents, Mayuge)

“You see the ages are also important as some parents think that immunization is done only at birth” (Female parents, Mayuge)

Puzzle sheet

a) Key messages in the poster

- *Benefits*

The sheet was seen as a learning tool for the students and one that engages them academically. Respondents felt that the use of the sheet would help students equip themselves with knowledge about the six killer diseases.

“Well since you have said that these materials are going to be used in school, the activity sheet which has some kind of a puzzle is very good. Besides keeping children aware of the diseases, it looks academic in nature, so if a kid can identify a word from the puzzle, it is some kind of killing two birds with one stone which is really good” (Male parents, Lira)

“In short these charts indicate the child’s understanding about immunization especially the puzzle. The child can use the puzzle at his or her own time other than being told by a teacher and therefore be able to remember very well” (Male parents, Lira)

“I would also wish to add that these charts would be a very good reminder. It is like when you learn a motor cycle you need to keep practicing, as the kids are told and then go back and look at these things they will keep the information permanently” (Male parents, Lira)

This one (Puzzle) is like a teaching aid in class. So if you are teaching about fish, you draw a chart and indicate the parts that will help the child to master permanently so it will act as a reminder. (Male parents, Lira)

“It’s a transformer of knowledge; it’s good” (Male parents, Lira)

“The puzzle always reminds me of the six killer diseases.” (Children, in school-Bushenyi)

“It can help the students learn that those different diseases can be immunized” (Female parents, Mayuge)

- *Call to action*

Like the poster, the puzzle was also seen to encourage both the female parents and the children to sensitize others about the killer diseases.

"I would tell my parents about the diseases to immunize which are in the puzzle." (Children, in school-Bushenyi)

"I would tell people in the villages who have not gone to school that they need to immunize their children." (Children, in school-Bushenyi)

"That is knowledge, that I can even use to tell my fellow parents about the six killer diseases" (Female parents, Mayuge)

"The diseases are there, I can show them to my fellow villagers" (Female parents, Arua)

- *Dates of immunization*

Like the poster, the calendar on the activity sheet was seen as a feature that would help the students and parents remember the dates for the immunization week

"The dates when immunization will take place on the activity sheet." (Children, in school-Bushenyi)

"I like it because it talks about the immunization week." (Children, in school-Bushenyi)

"I would tell children and parents about the days of immunization." (Children, in school-Bushenyi)

It also has the different immunization dates" (Male parents, Lira)

b) Unbelievable /unrealistic aspects

- *Lack of title*

The female parents in Arua expressed concern over the fact that the puzzle sheet does not have a title like all the other resource materials. They also suggested that there should be instructions on how children can use the material.

"On the student activity sheet, there should be a title "Immunize against measles"(Female parents, Arua)

"However, the student activity sheet does not have a title and somebody may not pay attention to it" (Female parents, Arua)

Lapel sticker

a) Key messages in the poster

- *Happiness*

The female parents in Arua and Mayuge felt that the sticker to be given to the child after immunization would make them happy and would also motivate them to tell other students about the immunization.

“When a lapel sticker is given to child who has been immunized, the child will be very happy and will also tell other children to get immunized. The sticker will boost the child’s morale” (Female parents, Arua)

“Children being given lapel stickers will easily get them excited and therefore pass on information to other children. Therefore they are appropriate.” (Female parents, Arua)

“Children can be happy when they receive such token” (Female parents, Mayuge)

b) Unbelievable /unrealistic aspects

- *The lapel cartoon*

The cartoon was disregarded as it was seen to be too kiddish. Preference for a real picture of the healthy child was high as compared to the lame appearance of the cartoon.

“On the lapel sticker, the pictures should be of a strong and fit person and not one that appears to be lame” (Female parents, Arua)

“The pictures should not be in cartoon form” (Female parents, Arua)

“I don’t like the cartoon.” (Children, in school-Bushenyi)

- *Misuse of lapel sticker*

The parents in Mayuge raised a concern about the use of the lapel sticker by children as a sign that they had been immunized. They argued that being stickers that are just stuck, in the event that they fall off, those parents who may not have taken their children would make use of them to show that their children have also been immunized.

“That one may be misleading (lapel sticker). Some people here have a tendency of pretending they have taken their children for immunization, so it may fall off the child and when its picked, they keep it and say their children were immunized.” (Female parents, Mayuge)