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EXPANDED PROGRAMME ON IMMUNIZATION

2021

# SURVEY ON REASONS FOR VACCINATION REFUSALS DURING SUPPLEMENTARY IMMUNIZATION ACTIVITIES



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## FINAL REPORT

## ACKNOWLEDGEMENTS

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We are grateful to the administrative, traditional, and religious authorities, the Heads of Health Districts of Biyem Assi, Djoungolo (Centre Region), Bertoua, Yokadouma (East), Nylon, Logbessou (Littoral Region), Ebolowa and Kribi (South Region), the heads of health areas, the managers of different health structures, teachers and communities for their availability and close collaboration.

We would also like to express our special gratitude to the interview and group discussion respondents who kindly responded to our questions.

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## ACRONYMS AND ABBREVIATIONS

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<b>SIAs</b>	Supplementary Immunization Activities
<b>CE</b>	Centre
<b>COVID 19</b>	Coronavirus pandemic
<b>II</b>	Individual Interview
<b>EA</b>	East
<b>FGD</b>	Focus Group Discussion
<b>LIT</b>	Littoral
<b>MOPH</b>	Ministry of Public Health
<b>EPI</b>	Expanded Program on Immunization
<b>SIDA</b>	Syndrome Immunodéficience Acquis
<b>SO</b>	South
<b>UNICEF</b>	United Nations International Children's Educational Fund
<b>OPV</b>	Oral Polio Vaccine
<b>IPV</b>	Inactivated polio vaccine
<b>HD</b>	Health District
<b>HA</b>	Health Area
<b>HF</b>	Health facility
<b>cVDPV2</b>	Circulating vaccine-derived polioviruses

## I-INTRODUCTION

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### Baseline of the study

In Cameroon, in recent years, the interventions offered within the framework of the Expanded Program on Immunization (EPI) have faced a generalization of tendencies and practices resistant to vaccination. Such behaviors are prominent during vaccination campaigns as it was the case during the latest Local Vaccination Days in response to poliomyelitis, organized in seven (7) regions of the country. The consequences of vaccination's refusal could be observed on vaccine coverage. Thus, during the recent response campaigns against cVDPV2 epidemics in 7 regions, refusals appeared at more than 30% as the major reasons for non-vaccination of children. These refusals were especially bugling in the cities of Douala (Littoral), Yaoundé (Centre) and Kribi (South) where they represented more than 50% of non-vaccination cases.

The context which accompanies these resistant attitudes and practices to vaccination is that of a democratization of information and communication technologies with a tendency for the proliferation of rumors and messages of disinformation on vaccination in social media and certain traditional media. Added to this is the coronavirus-19 pandemic (COVID-19) whose research carried out with a view to manufacturing a vaccine has sparked and amplified rumors, reluctance and suspicion with regard to vaccines and vaccination. People saw it as an unacknowledged attempt to spread the disease in their communities. This situation notably resulted in the postponement of the last vaccination campaign against polio to the beginning of March 2020. It also resulted in a drop in the attendance of vaccination services.

*- A qualitative study aimed at filling the knowledge gap in terms of reasons for vaccination refusal during preventive campaigns and vaccination response in Cameroon.*

In the field of immunization research, there is an abundant literature. Previous studies on vaccination in Cameroon have looked at: community perceptions of vaccination with a view to introducing inactivated polio vaccine (IPV) into routine immunization in Cameroon (2015) ; the socio-anthropological factors of chronic refusal and vaccination drop-out in the Far North and West regions of Cameroon (2017); the cartography and socio-anthropological study of nomads and migrants in the regions of Adamawa, North and Far North (Cameroon) (2018) ; the socio-anthropological study as part of the investigations of cVDPV2 cases (2019-2020). But the questions relating to the reasons for vaccination refusal during preventive campaigns and vaccination response in Cameroon have so far been very little addressed. This justifies the present survey, which has as a major concern the reasons of vaccination refusal during the SIAs.

## Research question

The core research question underlying this research is that of knowing: What are the reasons for vaccination refusal during preventive campaigns and vaccination response in Cameroon?

## Research objective

The general objective of this survey is to determine the reasons for the refusal of populations to be vaccinated during preventive campaigns and vaccination response in Cameroon.

More specifically, it is about:

- Describing folks 'perceptions on vaccines, vaccination, vaccination targets, vaccination schedule;
- Identifying the reasons given by parents for refusing children's vaccination during vaccination campaigns;
- Deciphering the causes of parents' reasons for refusing children's vaccination during campaigns;
- Describing the options and mechanisms of communities for their participation in immunization services / intervention.

## II- SURVEY METHODOLOGY

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### Survey design

The methodological approach which was used to carry out this survey is qualitative. This approach allows to understand the reasons for vaccination refusal of parents during preventive campaigns and vaccination response in Cameroon. As a result, it was a matter of deploying the field techniques established by this approach, namely: documentary review, semi-structured interviews and focus group discussions.

### Conduct of the survey

The present study was carried out by the Expanded Program on Immunization which coordinated and supervised the field work, in close collaboration with an independent expert.

#### Central coordination

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- Moustapha Moncher Nsangou, sociologue, Ph.D, Analyst and report writing.

#### Support from partners

- Soterine Tsanga, UNICEF
- Henriette Kwidjang, UNICEF

## Survey sites

This qualitative survey was carried out in four regions of Cameroon: Littoral, East, Centre and South. In each region, a health district has been identified.

The districts and health areas were chosen taking into account those which recorded the greatest number of unvaccinated children due to refusal during the last SIAs. In each of the districts, the option chosen was to work in two health areas.

## Sites visited

**Table 1: Site visited**

Regions	Health District	Health Areas
<b>Littoral</b>	Logbaba	- Ndogpassi 2 - Ndogpati
	Nylon	- Bonadiwoto - Diboum 2
<b>East</b>	Bertoua	- Belabo - Tigaza
	Yokadouma	- Massea - Yokadouma Sud
<b>Centre</b>	Biyem Assi	- Mendong - Etoug Ebe
	Djoungolo	- Tsinga Village - Mballa 2
<b>South</b>	Ebolowa	- Mengong - Maa Mezam
	Kribi	- Kribi - Kampo

## Investigation techniques

For the collection of relevant data, we have proposed a two-step data collection approach. The first step was to do a documentary review. Then the second step consisted in conducting semi-structured interviews and focus group discussions with all the stakeholders in each Health district.

### *Preparation of the survey*

After validating the protocol, a briefing session took place at the EPI to upgrade all the actors in the field. After the briefing session, the team carried out a pre-survey in the city of Yaoundé. A debriefing session was done. In the regions, the teams of supervisors trained the interviewers. Then the investigation followed.

### *Literature research*

To carry out our survey, we first conducted a documentary review in the field of vaccination in Cameroon. This review focused on : community perceptions on vaccination ahead of the introduction of inactivated polio vaccine (IPV) in routine immunization in

Cameroon (2015); the socio-anthropological factors of chronic refusal and vaccination drop-out in the regions of the Far North and West of Cameroon (2017); the cartography and socio-anthropological survey of nomads and migrants in the regions of Adamaoua, North and Far North (Cameroon) (2018); the socio-anthropological survey as part of the investigation of cVDPV2 cases (2019-2020) and other anthropological publications related to vaccination.

This documentary review contributed in having an overview of the vaccination situation in Cameroon, to identify the socio-cultural determinants of vaccination's refusal, the causes and the problems which are not only linked to the socio-culture of the communities. It also helped to refine the data collection tools and use the available evidence-based data to identify the options and mechanisms for community participation in the offer of immunization services / interventions.

### *Semi-structured interviews*

HD managers and health personnel were interviewed on their knowledge, their perceptions of vaccination, on vaccines, the vaccination schedule, the EPI target and the reasons for refusing vaccination of their children, the difficulties encountered and proposals to improve immunization issues in the health district.

Community leaders and teachers were interviewed about their knowledge, their perceptions of vaccination, vaccines, the vaccination schedule, the EPI target and the reasons for refusing vaccination of their children.

Parents (mothers, fathers, aunts, grandparents) were interviewed on their knowledge, their perceptions of vaccination, on the vaccines, the vaccination schedule, the EPI target and the reasons for refusing vaccination of their children.

### *Focus group discussion*

Focus group discussions were organized in each health area. A FGD was carried out in each health area. These group discussions helped to find the reasons for refusals and to collect the opinions of the populations on the improvement of activities.

**Table 2: Breakdown of the number of individual interviews and focus group discussions**

Regions	Health District	Number of individual interviews	Focus group discussion	
			Health Area 1	Health Area 2
Littoral	Nylon	3	2	1
	Logbaba	5	1	1
Centre	Biyem Assi	3	1	1

	Djoungolo	3	1	1
East	Bertoua	3	1	0
	Yokadouma	3	0	1
South	Ebolowa	3	1	1
	Kribi	3	1	1
<b>Total Interviews</b>		<b>26</b>	<b>15</b>	

### Analysis of data

The data collected from the various actors were transcribed, analyzed using the Atlas.ti software and then triangulated. The data analysis highlighted the elements described by the objectives of the survey. The transversal analyzes were carried out around the axes produced from qualitative data and which were selected in consultation with the EPI, then validated. These different axes raised the development of “ analysis trees ” allowing in-depth analyzes to be carried out using the Atlas software. ti. A comprehensive and systemic perspective was adopted.

### Research ethics

The conduct of this study, including human subjects as sources of information on a sensitive subject, required measures to ensure that ethical requirements were met in order to protect participants. The EPI has obtained a research authorization from the Ministry of Public Health to carry out the survey. In each region, each investigator presented an authorization from the Ministry of Public Health to all administrative officials, health districts, health facilities, community leaders and parents concerned by the research. This authorization was used to introduce each investigator into the competent services, health facilities, communities and families concerned by the research. A cover note and informed consent form were presented for signature to each survey participant. The data from this research has been used anonymously.

### Report writing

The report of this study was written by the independent expert and supplemented by contributions from the Expanded Program on Immunization.

### III. POPULATION PERCEPTIONS ON POLIOMYELITIS, VACCINES, VACCINATION, VACCINATION TARGETS AND VACCINATION SCHEDULE

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#### Knowledge / Perceptions of folks on polio

Field surveys revealed in the Littoral, Center, East and South regions that populations have scattered perceptions and knowledge about polio. Thus, from one person to another, from one group of individuals to another, perceptions and knowledge about this disease are not homogeneous.

##### ***Polio : a crippling disease of children***

According to the data analyzed from several regions, it emerges for most of the actors interviewed that polio is a disease that paralyzes children, especially in the lower limbs. This perception was captured during individual interviews and group discussions with several stakeholders. Some comments were retained during these discussions, the most significant of which are :

*" If we have to talk about polio, it is a disease that generally handicaps children (...) and when someone is not automatically vaccinated against polio he is exposed, this is not to say that he will automatically catch this disease but he is exposed to this disease. »* (EI –CE - BYEM-DE- 1201 21 .aac).

For the men met in the city of Bertoua, they have the same perception, namely:

*"Polio is a paralyzing disease. "* (FGD\_EST\_BERT\_KPO\_13 Jan 2021).

For the women met in the city of Douala, it is the same reality :

*" Uh, polio is a disease that paralyzes children's feet. "* (FGD-LIT-NYLO-BONA-BONA-130121).

In the cities of Kribi and Yaounde, the comments of certain actors coincide in the sense that polio is a debilitating disease as illustrated by these exchanges below:

*" [...] Polio as we have known for a long time is a dangerously disabling disease "* (EI-Sud-kribi-LT-140121).

*" I know that polio is a disease that has been wreaking havoc since the dawn of time, and a disease that grips children a lot and which generally paralyzes them, which poses a lot of handicaps, especially the physically disabled and sometimes the disabled mental".* (FGD-NDJOU-TSING-NKOULMAKONG).

To this perception is added that of the harmfulness of the disease.

##### ***Polio: a bad and dangerous disease***

Analyzes of the comments of some respondents also highlighted the dangerous nature of polio. For these actors, polio is a dangerous disease that deserves special attention, as highlighted by the men's comments during an FGD organized in the city of Yaounde:

*"I know that polio uh it's a disease that makes people important generally it's children but I have an example that comes from my uncle who uh caught this polio when he was an adult. It was a case that surprised us. [...] So it is a great disease that we know and I worked in Etoug-Ebe near the handicapped center. I saw the devastation of this poliomyelitis, I assure you I went back there with my eyes soaked in tears". (FGD-NDJOU-TSING-NKOULMAKONG).*

In the same vein, a perception which is also shared by all the responses of the participants from several cities, shows that polio is a bad disease and therefore dangerous. Among the answers obtained, one of the most significant is the statement of a respondent who resides in the city of Yaoundé who affirms that:

*" [...] L has polio is a bad disease and it is actually good that there is vaccine against the polio problem but the problem we have now with vaccines is that we want the medical profession or the doctor who follows our children on a regular basis, especially since birth, must give us information when a child should be vaccinated we only want to improvise that we are told that the child was vaccinated at school without us having the information and that we are really given the important information because the world is so dangerous that we are wary of everything including . » (EI –CE – BIYEM-Etou-Mend-LA-120121.aac).*

Also in the register of perceptions of polio, a category of actors sees this disease as neglected malaria and anemia.

### ***Polio: a disease resulting from neglected malaria and anemia***

In this perception, many people believe that polio is a disease that results from neglected malaria and anemia. For those who hold this perception, polio results from the fact that a child is born with malaria and receives no treatment. This lack of treatment can also lead to anemia and therefore polio. It is in this way that several respondents met in the community in the city of Yaounde, to support this position affirm:

*"The child was born with malaria if we do not treat him to his rise on his head. » (EI –CE – BIYEM-Etou-Mend-LA-120121.aac).*

*"Especially when we arrive with the child, we say that the child has no blood. » (EI –CE – BIYEM-Etou-Mend-LA-120121.aac).*

Alongside this perception of polio as a disease linked to untreated malaria and anemia, another category of players sees this disease as a bone disease.

### ***Polio: a bone disease***

During field investigations, in all four regions, several study participants believe that polio is a disease that affects bones in children, as this respondent asserted during a FGD performed in the city of Yaounde:

"I think polio is a disease that affects the bones in small children" (FGD-CE-BYEM-Etou-13021.m4a).

Besides that, other people believe that polio is a contagious disease.

### ***Polio: a infectious disease***

During field surveys, some respondents also claimed that polio is a contagious disease. The illustrative remarks are below:

*" Sometimes, sometimes they say it's an infectious disease, in fact there is diarrhea, [humm], nausea, imbalance, there are a lot of things. "* (EI-CE-DJOU-TSIN-LA-120121).

*"I know polio is a contagious disease. The vaccine as she said is against the baby who is born crippled or the body stiffens and when you don't take it the body suddenly turns yellow. So that's a bit like that. It is against his illnesses there".* (FGD-LIT-LOGB-NDOG-Old Chococam-130121).

### ***Lack of knowledge about polio***

Alongside this scattered knowledge and perceptions of the disease, some respondents bluntly stated that they had no knowledge of polio. This is the case of these respondents below who claimed to have no knowledge of the disease:

*" I would like to ask you what is polio because I always hear about polio it is the disease that grazes children or first I will tell you. "*(EI-Sud-Kribi-LT-130121)

*"I don't know ..."* (FGD-CE-BYEM-Etou-13021.m4a).

*"I always hear spoken but honestly I don't know anything. We need to be made aware of it"* (FGD-NDJOU-TSING-NKOULMAKONG).

These comments highlight the lack / inadequacy of knowledge of many people on polio. Because, the content analysis of all the perceptions unrolled from the top, shows that the level of knowledge of the populations on this disease is not homogeneous. Some people have a good knowledge of the disease, others on the other hand have insufficient knowledge, erroneous or not even at all. This highlights the inadequacies in communication and awareness of this disease.

## **People's perceptions of vaccines**

Regarding the perceptions of the populations on vaccines, the analysis of the comments of the respondents in the four regions shows that these perceptions are scattered, especially with regard to the polio vaccine.

### ***Knowledge of vaccines***

In general, with regard to vaccines, the responses of the populations show that they are informed of the different types of vaccines that exist for the prevention of many diseases. The respondents cited in order of priority the knowledge of the different vaccines namely: BCG, polio. Some have instead described the mode of administration because not knowing

the names of these vaccines such as this respondent " *the injectable vaccine in the child's body while orally we press the mouth it between* " (FGD-sud -kribi-Afanmabé -14012021).

However, in terms of knowledge of the role of the polio vaccine, analyzes show that most respondents have a good knowledge of this vaccine even if there are marginal cases that are recruited in the category of those who are still unaware, as this respondent admits in the town of Kribi: " [...] *no, I do not know him* " (EI-Sud-Kribi-LT-130121). But in general, most of the respondents gave answers that attest to their knowledge of the role of the polio vaccine. Among these answers, the most significant are:

*"Yes, the vaccine that protects children against polio is gout, it's polio. We give every time the campaign is launched"*(FGD-LIT-NYLO-BONA-BONA-130121).

*"We vaccinate to protect children against the diseases that these different women have mentioned. Although there are others. This is the only way to prevent them from these diseases. That's why we have to vaccinate".* (FGD-sud-kribi-Afanmabé -14012021).

Some respondents also admitted the necessity of the vaccine in the prevention of polio, the use of which is imperative. This is the case of these respondents who affirm respectively that:

*"It is necessary yes"* (EI-CE-DJOU-TSIN-LA-120121)

*"The vaccine we use against polio is polio"* (FGD-LIT-NYLO-BONA-BONA-130121)

*"I find that both are necessary because each vaccine has its role".* (FGD-LIT-NYLO-BONA-BONA-130121).

In addition, another category of respondents poses the problem of its free delivery which creates in this vaccine a suspicion of its credibility and its plot against the population.

### ***The polio vaccine: between free, credibility and its suspicion of conspiracy against the population***

Analysis of data collected during field surveys shows that despite knowledge of the polio vaccine, its free nature poses a problem of reliability and effectiveness for many people. For many actors, its free nature is scary because according to their perceptions, everything that is free always has drawbacks. It is a little in the sense of the gift and against gift of Marcel Mauss (Olivier 2008; Mauss 1923). People know that life is a universe of exchanges. Anthropologically, no donation is free. There is always a counter gift. And since the populations have no information on the cause of the free nature of the vaccine, this leads to suspicion. This is justified in the comments of several respondents, the most significant of which are:

*" As far as vaccines are concerned, for me I am against vaccinations already because in my opinion I think that the majority of vaccines are free unless I'm wrong and when we talk about free we must have things really that we really need for example the school can be free why pay for the vaccine why do the free vaccine to pay for the school why do the free vaccine if we don't even have simple water water we need drink I take as an example I have to pay for*

*my vaccine at 500 and that I have the child's school which will be free and as we have to pay for the vaccine at 1000 f and that we have at least water to drink electricity at home we have no electricity today it's like the flashing its just its share of water quad you see the water coming out of the tap better still the water from the then which i do not see what the vaccine should be used for if after this vaccine we have to die for lack of perhaps lack of nutrition for lack of water I don't know what uoi it will serve me so that's why I am even against all this, I am not with them "(FGD-CE-BYEM-Etou-13021.m4a) .*

*"I find that the vaccines that are paid are good and the vaccines that are not paid are not the good vaccines [laughter in the crowd]. What happens in the neighborhoods, I don't agree, but in hospitals it's good" (FGD- DJOU- Mbal- Mballa II).*

For some respondents, the polio vaccine is a plot to kill the population. This thesis has been followed several times in the words of the men, women and even community leaders we met. It was collected explicitly in the words of a respondent in the city of Yaounde in these terms:

*" Well uh ... they say that ... [silence] that the whites want to kill the blacks. It is first a plot with our state, our ministry of health and others so it is them who when they have already taken the money started to inject people everywhere, no matter how". (EI-CE-DJOU-TSIN-LA-120121)*

Besides these categories of respondents who perceive the polio vaccine to be necessary and useful, some respondents find it rather harmful and ineffective.

### ***Vaccines: ineffective and harmful products for health***

During field observations, several respondents perceive vaccines as ineffective and harmful to health. For some of them, these are poor quality products that are administered during vaccination campaigns, especially in poor neighborhoods. As a result, these vaccines are perceived by these respondents as ineffective and in turn harmful to health. This is reflected in the comments below:

*" It doesn't work by what I hear people talking I hear people talking that they do not want these vaccines by saying that it is the vaccines that make their children sick and that makes them children resounding er when he speaks when there are the comments me I will then say that what" (EI –CE – BIYEM-Etou-Mend-LA-120121.aac).*

*" We are the poor and before doing the vaccination especially the people who often come to the neighborhood to vaccinate our children, we can vaccinate that the products are not well controlled or maybe the products are perhaps a little out of date, rotten, we come to vaccinate and put that in the bodies of our children. Long after, we bring the children to solve a health problem, but we still end up spending in the hospital. We are the poor maybe your child gets sick like that there with the wrong products or maybe the products that are not well controlled you do not have the money; you lose your child like the jokes. So, for neighborhood products, it's mostly that" (FGD\_EST\_BERT\_KPO\_13 Jan 2021).*

*" I told you, I'm a naturopath my grandmother was a naturopath so I stay there there are barks that are more effective than your shit there excuses me for the term it's shit because my grandmother does not, have never used that my father, my mother neither my mother could*

*keep a body, a corpse for a week or a month at home with tobacco and other". (EI-CE-DJOU-TSIN-LA-120121)*

After these perceptions on vaccines, follow the perceptions of the populations on vaccination.

### **People's perceptions of vaccines**

Regarding the perceptions of the populations on vaccines, the analysis of the comments of the respondents in the four regions shows that these perceptions are scattered, especially regarding the polio vaccine.

#### ***Knowledge of vaccines***

In general, with regard to vaccines, the responses of the populations show that they are informed of the different types of vaccines that exist for the prevention of many diseases. The respondents cited in order of priority the knowledge of the different vaccines namely: BCG, polio. Some have instead described the mode of administration because not knowing the names of these vaccines such as this respondent " *the injectable vaccine in the child's body while orally we press it in the mouth* " (FGD-sud -kribi-Afanmabé -14012021).

However, in terms of knowledge of the role of the polio vaccine, analyzes show that most respondents have a good knowledge of this vaccine even if there are marginal cases that are recruited in the category of those who are still unaware, as this respondent admits in the town of Kribi: " *[...] no, I do not know him* " (EI-Sud-Kribi-LT-130121). But in general, most of the respondents gave answers that attest to their knowledge of the role of the polio vaccine. Among these answers, the most significant are:

*"Yes, the vaccine that protects children against polio is drop, it's polio. We give every time the campaign is launched"(FGD-LIT-NYLO-BONA-BONA-130121).*

*"We vaccinate to protect children against the diseases that these different women have mentioned. Although there are others. This is the only way to prevent them from these diseases. That's why we have to vaccinate". (FGD-sud-kribi-Afanmabé -14012021).*

Some respondents also admitted the necessity of the vaccine in the prevention of polio, the use of which is imperative. This is the case of these respondents who affirm respectively that:

*"It is necessary yes" (EI-CE-DJOU-TSIN-LA-120121)*

*"The vaccine we use against polio is polio" (FGD-LIT-NYLO-BONA-BONA-130121)*

*"I find that both are necessary because each vaccine has its role". (FGD-LIT-NYLO-BONA-BONA-130121).*

In addition, another category of respondents poses the problem of its free delivery which creates in this vaccine a suspicion of its credibility and its plot against the population.

***The polio vaccine: between free nature, credibility and its suspicion of conspiracy against the population***

Analysis of data collected during field surveys shows that despite knowledge of the polio vaccine, its free nature poses a problem of reliability and effectiveness for many people. For many actors, its free nature is scary because according to their perceptions, everything that is free always has drawbacks. It is a little in the sense of the gift and against gift of Marcel Mauss (Olivier 2008; Mauss 1923). People know that life is a universe of exchanges. Anthropologically, no donation is free. There is always a counter gift. And since the populations have no information on the cause of the free nature of the vaccine, this leads to suspicion. This is justified in the comments of several respondents, the most significant of which are:

*"As far as vaccines are concerned, for me I am against vaccinations already because in my opinion I think that the majority of vaccines are free unless I'm wrong and when we talk about free we must have things really that we really need for example the school can be free why pay for the vaccine why do the free vaccine to pay for the school why do the free vaccine if we don't even have simple water water we need drink I take as an example I have to pay for my vaccine at 500 and that I have the child's school which will be free and as we have to pay for the vaccine at 1000 f and that we have at least water to drink electricity at home we have no electricity today it's like the flashing its just its share of water quad you see the water coming out of the tap better still the water from the then which i do not see what the vaccine should be used for if after this vaccine we have to die for lack of perhaps lack of nutrition for lack of water I don't know what uoi it will serve me so that's why I am even against all this, I am not with them "(FGD-CE-BYEM-Etou-13021.m4a) .*

*"I find that the vaccines that are paid are good and the vaccines that are not paid are not the good vaccines [laughter in the crowd]. What happens in the neighborhoods, I don't agree, but in hospitals it's good" (FGD- DJOU- Mbal- Mballa II).*

For some respondents, the polio vaccine is a plot to kill the population. This thesis has been followed several times in the words of the men, women and even community leaders we met. It was collected explicitly in the words of a respondent in the city of Yaounde in these terms:

*"Well uh ... they say that ... [silence] that the whites want to kill the blacks there is first that it is a plot with our state, our ministry of health and others so it is them who when they have already taken the money started to inject people everywhere, no matter how". (EI-CE-DJOU-TSIN-LA-120121)*

Besides these categories of respondents who perceive the polio vaccine to be necessary and useful, some respondents find it rather harmful and ineffective.

### ***Vaccines: ineffective and harmful products for health***

During field observations, several respondents perceive vaccines as ineffective and harmful to health. For some of them, these are poor quality products that are administered during vaccination campaigns, especially in poor neighborhoods. As a result, these vaccines are perceived by these respondents as ineffective and in turn harmful to health. This is reflected in the comments below:

*" It doesn't work by what I hear people talking I hear people talking that he does not want these vaccines by saying that it is the vaccines that make their children sick and that makes them children resounding er when he speaks when there are the comments me I will then say that what" (EI –CE – BIYEM-Etou-Mend-LA-120121.aac).*

*" We are the poor and before doing the vaccination especially the people who often come to the neighborhood to vaccinate our children, we can vaccinate that the products are not well controlled or maybe the products are perhaps a little out of date, rotten, we come to vaccinate and put that in the bodies of our children. Long after, we bring the children to solve a health problem, but we still end up spending in the hospital. We are the poor maybe your child gets sick like that there with the wrong products or maybe the products that are not well controlled you don't have the money; you lose your child like the jokes. So for neighborhood products, it's mostly that" (FGD\_EST\_BERT\_KPO\_13 Jan 2021).*

*" I told you, I'm a naturopath my grandmother was a naturopath so I stay there there are barks that are more effective than your shit there excuse me for the term it's shit because my grandmother does not had never used that my father, my mother neither my mother could keep a body, a corpse for a week or a month at home with tobacco and other". (EI-CE-DJOU-TSIN-LA-120121)*

After these perceptions on vaccines, follow the perceptions of the populations on vaccination.

### **People's perceptions of vaccination**

As in the previous sections, the data on the perceptions of the populations on vaccination are also diverse. They oscillate between acceptance and reluctance. This is because of the various perceptions and experiences on the issue.

#### ***Between acceptability of vaccination ...***

From the respondents' comments, it emerges that some of them accept vaccination because they know its importance in the context of disease prevention. However, they insist on their acceptance which also depends on their availability.

*" Me, I accept if measles should come, it shouldn't be caught like [...]" (EI –CE – BIYEM-Etou-Mend-LA-120121.aac).*

*"When we vaccinate my children like that, sometimes the vaccination finds me in town, sometimes it finds me in the village at home, we always vaccinate my child. When it comes to vaccinations, my children are always vaccinated. Every time the vaccinations pass we vaccinate. Sometimes when the hospital is given the deadline, I take my child to the hospital and my child is immunized. So I never skipped the vaccine appointments at the hospital. My children have never had problems with vaccination" . (FGD\_EST\_BERT\_KPO\_13 Jan 2021).*

The populations which accept vaccination, recognize in it, a preventive and protective element. For them, vaccination helps prevent several diseases. And therefore, it is important. This is why some respondents respectively affirmed that:

*"In my own opinion, I think the vaccine is needed for a child every time every season and after the vaccine there was disease. Okay, given that the preventive vaccine. [...]"*. (FGD-sud-kribi-Grand-Batanga -14012021).

*" To avoid much disease "* (FGD-LIT-NYLO-BONA-BONA-130121)

*"What I know is that it is a vaccination that protects the child as a baby so that it grows up being intact. Because there are children who sometimes do not have the chance to have the vaccination and they have the wrong training".* (FGD-LIT-LOGB-NDOG2-LOGMANYANGUE-14-01-21).

However, despite the fact that some respondents recognize the preventive and protective nature of vaccination, they prefer it to be done in hospital.

### ***... Preference of vaccination in hospital***

Other people, despite their acceptance, have a preference that the vaccination be done instead in a health facility because they believe it is the safest place to practice vaccination. For this category of people, in the event of a side effect or in the event of the occurrence of something that would be linked to the vaccination, the Health facility which is a fixed place can be mobilized for the management of the inconveniences related to this. This is why a respondent during a FGD states:

*"I often like giving vaccines for children, especially in the hospital, because in the hospital, I at least have confidence. I know that tomorrow or the day after, if I go home the child is not sleeping, I can always go to the same hospital, to find the emergency, they will see the notebook, they will find what they did that. However, if I stay with the vaccine we are doing there, I'm not sure, I'm not sure about that. At one point I refuse that. Me, I like the vaccine in the hospital. And they take care of the child, they rock the child. They rock the child well".* (FGD-LIT-LOGB-NDOG-Old Chococam-130121)

*" So that after there after the child took his vaccine, the vaccine which they went to the door saying the child started heating up long afterwards so when it heated up I went to a hospital , in a clinic with her, I realized that the child was told to me that she was in pain and her temperature was increasing more and there was already a high palate uh, you see now I was with her, her was not heating up, she was not... she had not signed the temperature and the like but after this vaccine so since that day I decided not to accept that my child take this kind of vaccination, except in the hospital framework "*(EI-CE DJOU-MBALLA 12014).

Alongside the supporters of the benefits of vaccination, some respondents see it as having harmful effects and therefore develop perceptions that tend towards refraction.

### ***... And refusal of vaccination***

For these respondents, vaccination is frowned upon for several reasons.

#### **• *Vaccination : source of disease***

According to the analyzed data, vaccination is poorly perceived by these respondents because they believe that it is a source of disease. This is due to the fact that after the vaccination, sometimes the child will develop side effects like fever or may be coincidentally

the child develops an illness after the vaccination. The lack of communication from vaccinators on post-vaccination management creates a negative perception around it. Respondents' comments below reflect perceptions that vaccination is a source of disease:

*"[...] The last time the vaccine passed, what I saw of my children, when the child is healthy and I go with the child to the vaccination, the same day, the child falls. It starts to heat up, when it heats up like that there really I do not know is it is the vaccine which causes or it is his disease of itself! But I saw that it was the vaccine because the child is healthy, he plays well [the] vaccination pass you bring the child and the same day, the child falls"* (FGD\_EST\_BERT\_KPO\_13 Jan 2021).

*"I already vaccinated the other but it gave a lot of illnesses, unless one died. [...] It just comes with the cough and the whole body gets hot with dysentery and everything. [Laughs from some women]. Yes. It's the vaccine because when you don't vaccinate he doesn't get sick. The vaccination is not like before, or it's how, or it's the corona things that [you threw us] oooh we don't know"* (FGD\_EST\_BERT\_KPO\_13 Jan 2021).

*"We finish vaccinating you, you get sick afterwards. I will never take this vaccine"* (FGD\_EST\_BERT\_KPO\_13 Jan 2021).

And if for these respondents, vaccination is a source of disease, it comes with expenses for others.

- **Vaccination : source of expenditure**

This perception of vaccination is only the extension of the preceding one. Especially in a context of poverty, populations are not comfortable with spending. Illness is a fact which necessarily results in health care expenses, but going towards a fact while knowing that it will result in expense is to be avoided. Several respondents said they spent money after illness caused by vaccination. So for them, vaccination entails expenses. This is reflected in the comments below:

*" I refused because last time, I vaccinated my children with people who often walk in the neighborhood there, all my children fell ill and I left spent in the hospital. That is why I already refuse vaccines".* (FGD\_EST\_BERT\_KPO\_13 Jan 2021).

*" The vaccine from now on we no longer understand anything, it's not like before. You vaccinate your child now tomorrow; you are going to spend the 20 to 30 mil in the hospital when the vaccine was njoh. Better we manage with the leaves, the bark of the village. "* (FGD\_EST\_BERT\_KPO\_13 Jan 2021).

- **Vaccination weakens children !**

Another perception of vaccination is that it weakens children. For the participants who underlie this perception, any vaccine is just the germ of a disease that is introduced into the body to prevent the threat of possible disease. This is why a respondent states that:

*"It does not transform, but we see us mothers here that sometimes the vaccination weakens even the child [...] Well, we do not really know the role of vaccination. At the hospital we are told that it is a germ of the disease that we put in the child's body to such an extent that*

*when the disease comes, it does not threaten the child too much. But, in the long run, we see that the same diseases threaten our children. So we do not now understand the role of vaccination.* " (FGD\_EST\_BERT\_KPO\_13 Jan 2021).

Following these perceptions of vaccination, the survey also captured perceptions of the targets of vaccination.

## Perceptions of target populations for vaccination

### ***Children from 0 to 5 years' old***

Regarding vaccination targets, in general people perceive the 0 to 5-year age group as the target for vaccination. Because, for them, it is the slice of vulnerability. Out of all the responses, apart from a few marginal cases, the respondents state that it is this segment that is the target of vaccination, especially in the case of polio. Of the comments collected, the most recurring are:

*"Children 0 to 5 years old"* (FGD\_EST\_BERT\_KPO\_13 Jan 2021).

*" From 0 to 5 years "* (FGD- DJOU- Mbal- Mballa II)

*"[...] It is children aged 0–5 who are affected by vaccination".* (FGD-LIT-NYLO-BONA-BONA-130121)

### ***Children as well as adults***

For this category of respondents, which is marginal (3 FGD out of 16 and some interviews), children as well as adults are the target of vaccination. But in the analysis of their remarks, it does not reveal the nature of the vaccine. A few words have been retained to illustrate this perception, namely:

*" Children and adults are affected by vaccination. "* (FGD-LIT-NYLO-BONA-BONA-130121)

*" From 0 to even 9 months [rum ...] "* (EI-CE-DJOU-LR-130121)

*" It is because children 5 years old on the way up also need to be vaccinated "* (FGD-LIT-NYLO-BONA-BONA-130121).

In addition, in the scope of perceptions, the vaccination schedule was also captured.

## Perceptions of the vaccination schedule

In this section, several perceptions emerge. On the one hand, there are people who have knowledge of the vaccination schedule and on the other hand, people who have little knowledge of this schedule.

### ***Between knowledge of the vaccination schedule ...***

According to the data collected, knowledge of the vaccination schedule was mentioned by several respondents who, according to them, acquired it in the health facilities. And for that, no data was mentioned on the preference or its advantage. So, this section cannot talk

about perceptions but rather about knowing the calendar. According to the knowledge of the parents of the children, the vaccination takes place in the health facility according to the calendars fixed by the structure. The answers depend on the respondents who are from communities or who attend different health structures.

*" Vaccination takes place in hospitals every day, and when you arrive we receive you and we vaccinate the child " (FGD-LIT-NYLO-BONA-BONA-130121)*

*"The date that I am given for the vaccination sometimes falls either on Wednesday or on Friday I arrive I leave my booklet I sit down I wait. I am asked to undress the children and it is according to how we deposited the children that we vaccinate" (EI-CE-DJOU-LR-130121)*

*"At birth we vaccinate BCG, at 1.5 months it is DP and polio, and again at 2.5 months we vaccinate DPcoque and polio" (FGD-LIT-NYLO-BONA-BONA-130121)*

In addition, none of the respondents mentioned the timing of the SIAs. This can be explained by a lack of knowledge of this calendar or the lack of interest in this activity.

### ***And communication problem around the vaccination schedule***

In this case, some respondents through their comments highlighted their poor knowledge of the vaccination schedule. This poor knowledge is certainly due to the non / insufficient communication around the vaccination schedule. For some women, they raised the problem of communication and awareness around the vaccination schedule. The words below are illustrative:

*"I would say no. At the level of health centers and health structures that are close to us, because it is a problem of popularization, a problem of awareness. When I intervene there, I intervene as president and even as traditional chief and I am regularly together with the populations, so that most of the cases when information must pass, it passes through us. Those in charge of the health centers do not really take care of things as such. Perhaps in our relations it goes like that but between the health centers and us populations, it really does not circulate. You have to tell you the truth. If you are really there to acquire the information at our level and transmit it, it does not circulate. I believe that this information problem creates a handicap in relation to the security of the Cameroonian citizen especially the average citizen as they say and we are not sufficiently informed of certain things. Hence the reluctance. There when you come to me promptly with syringes and the like, you tell me I'm going to inject you. I may be a peasant, I see syringes and others, and you explain it to me like that, I need time to understand a little of what it is" (FGD-NDJOU-TSING-NKOULMAKONG)*

In this vein, another woman claims that:

*" I know because when I give birth to my child, I go to the hospital for the BCG vaccine at the age of one week and after maybe 1 month I leave because the child is entitled to 6 vaccines and I often do up to 9 months against measles. That's all I know". (FGD-EST-YOKA-BORDEAU-13-01-2021-aac)*

Finally, several perceptions about the disease, the vaccine, the vaccination, the vaccination schedule and the vaccination target have been presented in this chapter. In the next chapter, the reasons for refusing vaccination will be presented.

## IV. REASONS FOR REFUSAL OF VACCINATION DURING VARIOUS CAMPAIGNS

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This chapter presents the reasons for refusing vaccination during the various campaigns in the Centre, South, East and Littoral regions. The data show that the reasons are associated with perceptions, similar across the four regions, and differ from respondent to respondent and group of individuals.

### Perceived iatrogenic effects of the vaccine

#### ***The vaccine: a source of handicap!***

"The vaccine makes you disabled ". This sentence was uttered by several respondents directly or indirectly in several localities during field surveys, as a reason for refusing vaccination during campaigns. This reason is associated with the perceptions of these respondents for whom the vaccine caused an infirmity or handicap. Some have illustrated this perception through examples in their lives to show their opposition to vaccination. This is the case of a respondent who in a FGD claimed that the vaccine was the cause of his brother's disability:

*" My little brother had that he is disabled today because of the vaccine " (FGD- DJOU-Mbal- Mballa II)*

In the same, a respondent

#### ***Vaccination: source of disease and even death!***

Another reason for refusing vaccination is that it is a source of disease. This perception was mentioned in the previous chapter of perceptions, but it should be noted that it is taken up here as another reason for refusal because some parents have expressly mentioned it with practical cases by giving themselves the resolution not to vaccinate their children any more. The most telling case is mentioned below.

*"[...] She says that we vaccinated the child, we brought the child back, the child was heated, he started the diarrhea, they had to bring the child to the hospital. [...] Since that day I said no to vaccination. " (FGD-LIT-NYLO-BONA-BONA-130121)*

In the continuation of the disease, the parents do not hesitate to raise certain dramatic situations which they attribute to the vaccination. So,

*"And given the vaccinations that we vaccinate the children today and tomorrow we take to the hospital, two, three days the child dies ... for example, there is a Muslim woman who was in Laquintinie who sought the remedies, these examinations for five years to have the child. Even more than 05 years old, after when she had her child, the child was 08 months old when people came to the house for vaccination, after vaccination she ended up in hospital, the child died. " (FGD-LIT-LOGB-NDOG2-LOGMANYANGUE-14-01-21)*

### ***The vaccine: a tool to limit procreation!***

"The vaccine prevents giving birth." A recurring sentence that comes up in one way or another in the comments of the respondents. In general, for the African, the child remains a value (Erny 1968). Therefore, it is unthinkable for this one to prevent him from having it. The vaccine is then perceived by many people as being a product which renders impotent or which prevents procreation. With the rumors on the infertile nature of the vaccine, the populations are wary of it and refuse that their children take it. The words that illustrate this section are:

*"[...] Yes, when we are in the process of being vaccinated, they say what should prevent girls especially, that it destroys the tubes, that they will no longer give birth. That in fact it is to reduce childbirth. " (FGD-LIT-NYLO-BONA-BONA-130121)*

*"Yes, I still hear the rumors of that that parents refuse because they hear that the vaccine can infertile children or even kill them. I do not know. It is for this reason that they do not participate massively in vaccination. " (FGD\_EST\_BERT\_TIGA\_13 Jan 2021\_1)*

## **Vaccination, the cause of several crises of confidence**

Field data show that the cases of refusal observed during vaccination campaigns are associated with the growing construction of crises of confidence. These crises of confidence can be observed at several levels: on the vaccine, on the vaccine agents, on the rumors built by the media and social networks in the context of Covid-19 and on the lack of reliable information in the generalized context of doubt.

- ***Crisis of vaccine confidence***

The data analyzed show that populations no longer trust vaccines, especially those administered during campaigns. For some of them, the vaccines used during campaigns are products whose reliability is no longer guaranteed.

*"Before that was going well but now without lying to you, myself, I cannot accept any more that my children are vaccinated with what I see everywhere everywhere there. They recently came to vaccinate my children; I hide my children inside. I do not even take my children out, their parents called me, do not accept. On the radio, this is the message I am sending you, listen carefully if you vaccinate my children, you will have to do with me. Before then, we used to vaccinate children well, but now it's a bit difficult". (FGD-LIT-NYLO-BONA-BONA-130121).*

A teacher met in the city of Douala, concerning the reasons for parents' refusal of vaccination campaigns, lack of confidence in the vaccine used is the main cause. This is why he says that:

*"Some parents have told me clearly that they do not trust the vaccines that we want to administer to children, and even more some even send messages to my whatsapp inbox to tell me that see the vaccination, I do not want, I don't want them to approach my child with anything or else you and I we will have problems". (EI-LIT-NYLO-BONA-DE-130121).*

This crisis of confidence is also growing with the rumor that the vaccine is lethal. Because several respondents affirmed that the vaccine is the cause of several deaths in the world. This is illustrated in the discussions in an FGD in the city of Yaounde:

*"I had followed that the vaccine had killed a nurse" (FGD- DJOU- Mbal- Mballa II)*

- ***Crisis of Confidence especially with the advent of Covid-19***

The crisis of confidence over vaccination has increased with the advent of Covid-19 and all the rumors that have circulated around the vaccine. This rumor created widespread doubt among the populations by causing the maximum number of refusals. This psychosis led to parents' mistrust of vaccination in the community and even in schools. This is illustrated in the comments of the respondents below:

*"[...] I find that before the covid arrives, the vaccines were going well [...] but now I can't anymore because I'm not sure what's in it anymore". (FGD-LIT-NYLO-BONA-BONA-130121)*

*"Since the arrival of covid, people no longer accept the vaccine, because we tell ourselves that we do not really know what is in these products that we administer to children. " (FGD-LIT-NYLO-BONA-BONA-130121)*

*"I used to accept these vaccines but since the arrival of COVID I have asked.... The people there as soon as they knock on the door myself I push them away I no longer need the vaccines because I don't know what they are giving the children since the period. [...] Since the arrival of COVID I am not more sure of vaccines there. [...] Yes I'm afraid of that, we can inject your child with COVID 19 so I'm afraid"(FGD- DJOU- Mbal- Mballa II)*

*"That's what they say. In my neighborhood, people are complaining about covid. That when they come to vaccinate it is to give us the covid and also prevent girls from giving birth. And the whites come to test their products on us, so we don't accept. In addition, there is also the information circulating in social networks, on Africa media all that. When you arrive at a parent's, that's what he tells you, that's what is said in the neighborhood, so suddenly I myself no longer vaccinate my children". (FGD-LIT-NYLO-BONA-BONA-130121)*

This reality is the same in schools. The advent of covid-19 has caused mistrust among all parents to the point where the vaccination that was done in schools is now disputed. This is why a respondent explains:

*"Vaccination in schools. We used to vaccinate our children in schools, but now parents are opposed to the arrival of covid there. The parents are opposed, they even come directly there to see the teacher who does not even try to vaccinate my child". (FGD-LIT-NYLO-BONA-BONA-130121).*

This change in parental attitudes towards vaccination is linked to the fact that Covid-19 has led to rumors, scandals in distant and immediate environments and suddenly, no parent wants to sacrifice their offspring as explained by one respondent:

*" The underlying reason is there I think 2019, 2020 was the theater, the theater of the most unfavorable health condition that we have had here I mean in Cameroon. We had information coming from everywhere with this story of COVID, we have all followed the scandal*

*that we have experienced in Cameroon here if in Ebolowa you have not experienced this scandal but there are examples that we can give someone who dies naturally we say that he died of COVID and when we do the test there are nothing at least many examples so all this lie of the information that came to us in the internet tool that we use every day we were allowed to be wary of anything that happens there. There are people who died we saw we saw on televisions, fights in the hospital, stuff all that. It has been seen so you want you to think that someone who lives these scenes must accept a vaccine especially since they have had the information that there is anything on the way in circulation there has to accept a vaccine that is not controlling who is not he does not even know what it is if it is a vaccine or not that is our concern. " (EI-Sud-kribi-LT-130121).*

- ***Crisis of confidence linked to the circulation of videos in social networks***

Another reason why parents refuse to vaccinate their children during campaigns is the crisis of confidence linked to the circulation of videos in the media and social networks. Before covid-19, there were already rumors circulating in media and social networks about the cervical cancer vaccine. Many theses clashed: one on the harmful nature of the vaccine and the other on the benefits of the vaccine. The populations faced with these theses were perplexed. With the advent of covid-19, several videos have also circulated that Westerners would like to take the opportunity of the pandemic to test their vaccines in Africa. These videos, verified or not, have helped create psychosis among populations. As a result, they are no longer receptive to vaccines, especially those from the countryside, although they doubt their reliability. The words below illustrate this reality:

*"I refused it was their mom who called me, she said not to accept. She sent me a video to listen, she did not want her children vaccinated. [...] That the whites come to test their products on Africans, they come to test their products on Africans. If it is good they use it, if it's not good even if we die it's not their problem they don't care. " (FGD-LIT-NYLO-BONA-BONA-130121)*

*"Moms talk, talk, covid-19 has hijacked everything. The videos that we send to France24 TV, we put the pillars in the vaccines that we give, whether it is the drops or the injections. It is the loots that the whites have transformed, we call that the... that when we already vaccinate your child, he is infected first, his moral, and then he will have other things that will command him all life, when he will have that on him, we can see him with their satellite. So, this is to control today's generation since covid-19. So, like covid-19 there have not been enough cases in Cameroon, in Africa, we must infect Africans for us to die. Parents don't want it anymore, whether at school or at home". (FGD-LIT-NYLO-BONA-BONA-130121)*

*"There is Facebook which is also campaigning because the vaccine that people knock on the door there, they told us is to make our children sterile so imagine that we are not denying, we do not believe that is what we are told in Facebook. So when you come home to vaccinate my child I will kick you out, because it has been said that the Cameroonian population and the blacks are already numerous so it must be reduced". (FGD-NDJOU-TSING-NKOULMAKONG)*

*" [...] Now with the arrival of this pandemic, parents struck down by social networks who say that any vaccine now there are people who come rather to destroy instead of preserving eh who come to destroy either fertility or who come to touch DNA domains to*

*(aahhh) destroy the balance of individuals there is all this all this information circulating that does not do good heinn in the administration of vaccines” ( El-Sud-kribi-LT- 140121 )*

- **Crisis of confidence in vaccine agents**

In general, the populations doubt the competence of vaccine agents. This is also one of the reasons for their refusal. For them, they are untrained people, who due to their mobility cannot deal with side effects if they arise. Some respondents spoke of their sad experience with vaccine agents and made resolutions not to have their children immunized during campaigns.

*" You see? I experienced it and it left me in the uncertainty of trusting these people”*  
(EI-CE DJOU-MBALLA 12014)

*" So for me I cannot give my child to be vaccinated, you are not sure of this person there " (FGD-CE-BYEM-Etou-13021.m4a)*

*" One like me, I refuse, I'm not sure about these people. » (FGD- DJOU- Mbal- Mballa II)*

The crisis of confidence between populations and vaccine agents is also due to the fact that sometimes these agents do not know what they are administering to children, as one respondent states:

*“They say they don't know what administered can expose their children. But I notice most of them that it is the comers and the other peasants who take from afar, especially the people who leave the West and the North-West, it is they who often disturb us. [...] Well I notice that most Muslims still refuse” (FGD- DJOU- Mbal- Mballa II).*

Some respondents even mention the quality of their outfit, which is not likely to inspire confidence, as this respondent asserts:

*" [...] Yes their accoutrements sometimes frighten us " (FGD-CE-BYEM-Etou-13021.m4a).*

The crisis of confidence in vaccine agents is also built on the basis of their insufficient numbers. Sometimes, there is doubt about their number and their ability to cover the population as one respondent states:

*" The children in the good zone all of the children have not been vaccinated in my zone because the number of teams that we send to the field is few and very small my district is so large I recently saw the children who came did not even find each other because the card they were given was not well seen, which is why they did not fully immunize the children first, the number of teams were so small” (EI- South-Kribi-LT-130121)*

Still in the register of trust crises, there is the one that has been going on ever since, namely the vaccine limiting procreation.

## Vaccination preferences

### ***Refusal of vaccination in schools to avoid overdoses***

In schools, the refusal is also driven by parents to avoid overdoses. Because, for some, the same children who take vaccines at home are those who are offered the same vaccines at school. However, there is no communication around the dosage and the danger of overdose. Which leads parents to be reluctant in schools.

*“Vaccination in schools, people in the field need to know if the child is already vaccinated, because the overdose is not as good. Because when you just give the drops, you don't know if the child has already been vaccinated last week at home. The people in the field must first sensitize the parents so that each parent takes the vaccination booklet to go to school during the vaccination campaign. And through this vaccination record, the field workers will see whether the child has been vaccinated or not”. (FGD-NDJOU-TSING-NKOULMAKONG)*

### ***Vaccination in the hospital as a safety measure***

Parents' refractory attitudes appear nuanced when it comes to vaccination in health facilities. For most of the parents we meet, there is a certain security in having children vaccinated in hospital, which according to them it is not the case when it comes to vaccination during SIAs. What is shown below:

*"Others there I don't know. Others say... some even came here with their medical records. They have proven that their children have been vaccinated. And in the notebook it was well written that we had vaccinated the children. They themselves bring their own children to the hospital. They really follow the health of their children, it is because of this that they refuse that we do not vaccinate their children at school. " (EI-LIT-LOGB-NDOG2-DE-13-01-21)*

## The influence of leaders and the community

Some parents refuse to vaccinate their children because of the influence of community and religious leaders. In the field of health, the evidence has shown the influence of community or religious leaders on the acceptance of health policies, especially in matters of reproductive health. It is for this reason that one parent said:

*" I'll take an example from you, are you aware that the cervical cancer vaccine at the moment is a problematic vaccine and causes a lot of problems here." Because you followed when a bishop, the bishop of Obala refuses to vaccinate his community, try to imagine the confidence that the community can have in a person of this value. This means that if after an agent depends on his community, he comes to his home, he will be completely annoying, which is why I say that the State must make the effort to fight against this counter-awareness that is being done prove to people the good of these vaccines. I think this is roughly the problem. "(FGD-NDJOU-TSING-NKOULMAKONG)*

## Inadequacies in the vaccination programme

### **Parents' daily activities**

Another category of actors speaks of the period of campaigns that sometimes does not fit with the occupations of parents. Some children are not vaccinated due to their parents' occupations. One parent explains: *"Sometimes there are other children that are taken to the farm by their moms very early. . . . (FGD-EST-YOKA-BORDEAU-13-01-2021-aac).* This thesis corroborates the results of a 2016 survey (MINSANTE-WHO 2016) in the cities of Yaounde and Douala that revealed that the lack of vaccine completeness of children was related to the occupation of their parents who did not have time to get them to vaccination.

### **Lack of information**

In this section, the data show that vaccination's refusal is related to the lack of information. Many parents are not informed of the importance and relevance of the vaccine. They do not have the necessary elements to convince themselves that they can vaccinate children. However, in communication, when there is a lack of communication, it is the rumour that takes place. Parents are more structured by misperceptions about vaccines and vaccination. This highlights a lack of communication on vaccination, periodicity, venue, the target of communication that considers the family structure (with the man as head in most households), free of charge and clear issues of vaccination. This lack of communication is illustrated in the following remarks:

*"What I can add on the observation that my brothers have just said, we see what M Ousmane, just said that we train people in two days, strangers, they arrive at your door seen, because from the point of view it is not everyone who can face or know the value of vaccination, and how to prove to people that vaccination is important, for us for our children and given the importance, we vaccinate the child today and the child becomes seriously ill tomorrow, even if it is other diseases that the child has, for him it is because he took something free of charge. It was the free vaccine that brought the child to death. He did not think that the child had other diseases. I do not know if you are trying to understand me. The parent does not understand that if his child had for example the stomachache, vaccination does not concern the stomachache but concerns earlier other diseases that have been vaccinated to protect against these diseases." (FGD-BED-LOGB-NDOG2-LOGMANYANGUE-14-01-21).*

*"There are also other hereditary diseases that the child is born with, but when you vaccinate, the parent blames vaccination earlier. And what will let parents know that it was not vaccination that killed the children? You need the specialists on the ground even if there are two behind him, you need someone trained in a health centre, a specialist who will give the arguments. When you go out there, not everyone has the same mentality. We will find others who have the mentality of children, others who have the mentality of men, so, as someone has undergone the training, he has the arguments to convince the parents to present the importance of this vaccination. Even here where we are, most parents are drivers who travel, who make the line. When they travel, and in our Muslim community, we have what we call hierarchy. When you leave and give orders to your house, your wife must not go out, not give the child to anyone, she must not deal with anyone. If there is a concern, the woman should call you. And if, we have encountered cases here, he arrives to vaccinate he asks for the child,*

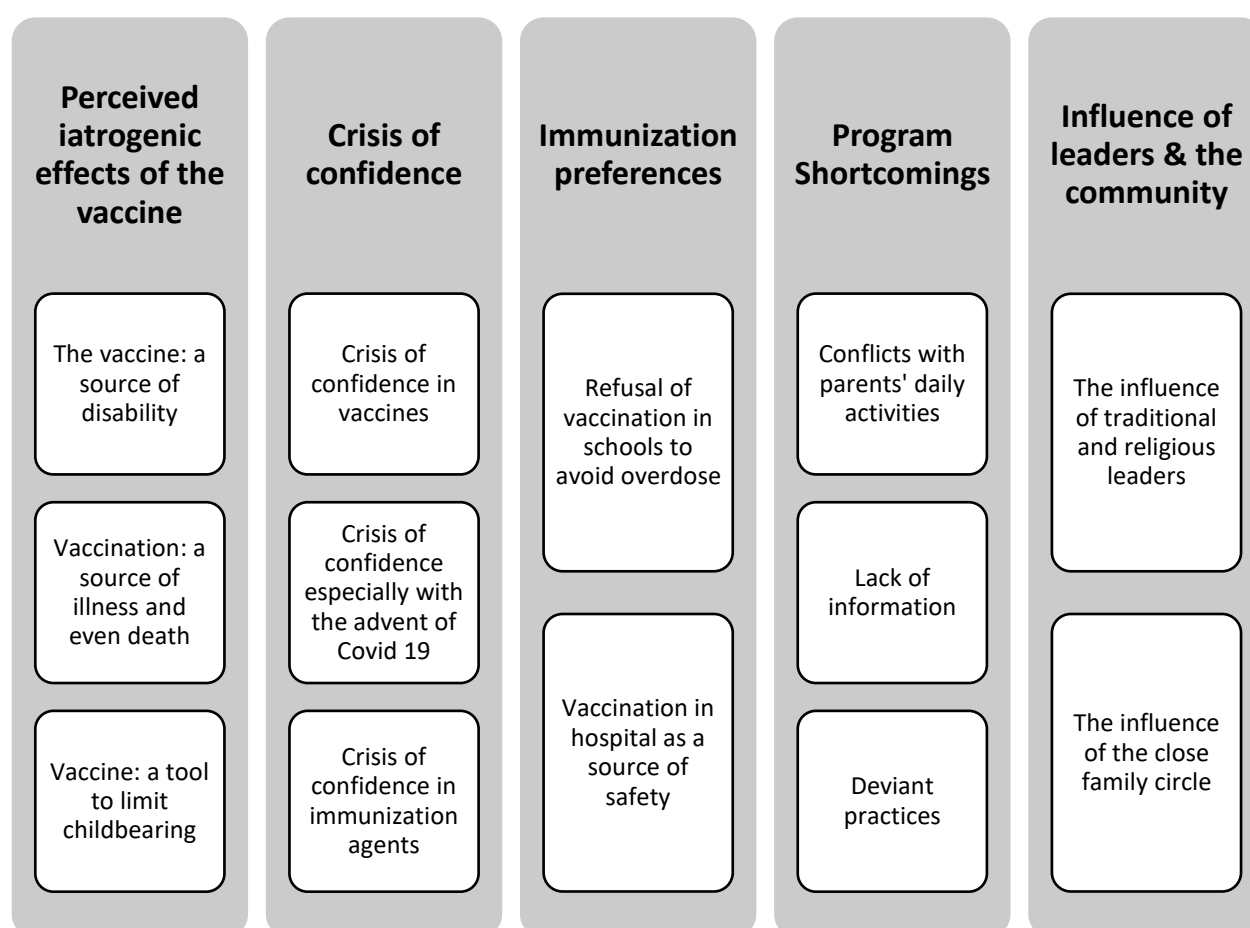
*we say that his parent must be aware. He gets angry once, he says how it's for your importance, it's for your child, we're here for you" (FGD-LIT-LOGB-NDOG2-LOGMANYANGUE-14-01-21).*

### **Deviant practices in immunization services**

In some situations, populations cite deviant practices that they face and that also report on refusals to vaccinate during SIAs.

*"I don't even see free of charge [EPI vaccines] there ... no it's down there, it's over there on the papers especially" (FGD-SUD-EBOL-NKO -VOS - 13012021)*

Confidence crises, parental occupations and other perceptions have been cited in this chapter as reasons for refusing vaccination. In the next chapter, the reasons for refusing vaccination will be presented.



**Figure 1: Top reasons for non-vaccination in SIAs1**

## **V. CAUSES OF PARENTS' REASONS FOR REFUSING VACCINATION**

In this chapter, the reasons underpinning vaccination refusals from parents are presented. They are mainly of twofold: ignorance and lack of communication.

### ***Ignorance***

Analysis of the data collected in the field showed that one of the real causes for parents' refusal of vaccination is ignorance. Many parents do not really know the role of vaccination, the vaccine, its origin, the stakes of the decision to make it free of charge. Looking at previous chapters on perceptions and refusals of vaccination, it appears that most of the people interviewed (community/religious leaders, parents, and teachers) do not have sufficient knowledge about the vaccine and vaccination and are therefore reluctant. Very few of them have clear knowledge of vaccination, which is why a participant met in the city of Bertoua stated that:

*"[...] And there is another factor: ignorance of the merits of state action because some parents who do not know the merits of these vaccinations say that this is a way to make their children infertile later. So, there is speculation, there are beliefs, there are doubts, there is fear, and all this prevents this vaccination campaign from going well. I think it's to add a few answers to those concerns."* (FGD\_EST\_BERT\_TIGA\_13Jan 2021-1)

This ignorance has been reinforced by the psychosis of the media and social networks.

### **The psychosis of the media and social networks**

Some media and social networks are also responsible from vaccination's refusal of some parents. They disseminate sometimes misinformation about the harmfulness of vaccines and amplify psychosis in some parents. With the democratization of the media world and social networks, we are witnessing a kind of war of ideology to the point where information without real basis is sometimes disseminated. However, people do not always have the capacity to sort or question the veracity of the information. Then, we are witnessing a kind of diversion of consciences to the point where, individuals just prefer to be wary of it. This is the case in the field of immunization, where several messages have been disseminated on the dangerous nature and on the Western conspiracy to exterminate Africans through vaccines. This opinion was reinforced with the advent of covid-19, during which videos of white people denouncing their colleagues on the dangerous nature of the vaccine and inviting Africans to avoid hanging them. It is on this subject that some of the respondents interviewed respectively stated that:

*"[...] it is getting late because the media have destroyed the brains and the churches have destroyed the brains of our brothers".* (EI-CE-DJOU-TSIN-LA-120121)

*"The problem is television because television tells us that it's the bad vaccine that we're sending the white people who are telling in the media that they're not vaccinating children because they said the corona vaccine did this, when the corona vaccine is different from the polio vaccine"* (EI-South-Kribi-LT-130121).

In the same vein, we must also whoop the role that certain media play in brain formatting. In Cameroon, there are private media which, during debates, often bring out positions that are

not suitable for development in general or the health of the population. This is the case of a respondent who stated that he had changed his point of view of vaccination after having watched some private Cameroonian television channels.

*"I followed at Vision 4. At Afrique Média. On Monday, there was a debate at Equinoxe soir. There is Dr. Fokang and we were talking about COVID-19, about the advances. The Doctor was against it. He said that since AIDS has come out, why hasn't the vaccine been found? That Africans have become the guinea pigs. When you must experiment with anything, you come to Africa first. To see if it works or not. So, he was against the vaccine. (FGD-LIT-LOGB-ND OG-Former Chococam-130121)*

Alongside this manipulation of the media and social networks, there is also a lack and poor communication that accompanies vaccination campaigns.

### ***Lack / Poor communication***

Lack and poor communication was identified during data collection as one of the baseline issues that hinders the acceptance of vaccination by some parents. Several parents screamed the fact that they do not have clear communication about the vaccine, its origin, its free availability, and even how it is administered. Since Cameroon is a country with a literacy rate that is not yet high (72% in 2018), there is a segment of the population that remains illiterate and therefore needs a specific strategy for communication about the vaccine. According to the community/religious leaders, parents, and teachers met, all are unanimous that communication is a problem for vaccine acceptance. Communication concerns the vaccine itself, the immunization schedule, and the vaccination teams. For this reason, some stated that:

*"Well, I think the vaccination campaign is a good initiative for the state but most of the time being in an area where parents are mostly resourceful, they are either poorly informed or not in the field to let their children be vaccinated" (FGD-CE-BYEM-Etou-13021.m4a).*

*"The lack of communication and especially the fact that we are told what the vaccine is used for with everything that is happening outside - for example Covid-19 - we have been told that the vaccines have to come into Africa" (FGD-CE-BYEM-Etou-13021.m4a).*

The lack of communication was also noted in the vaccination schedule. Some parents said they were surprised during the vaccination campaign period, as stated by the respondent below:

*"...] because a vaccination team cannot ring the bell in front of a school and there, we want to vaccinate the children without first warning that we are going to come and vaccinate the children on such and such a day and such a period" (FGD-CE-BYEM-Etou-13021.m4a).*

For some of the men interviewed for the FGD, they described the lack of information as being especially acute among men, whereas in most households, men are the heads of households and therefore the ones who make decisions on health initiatives.

*"...] The information does not pass. We men are not informed. And if we are not informed, what do you think women are going to do?" (FGD-CE-BYEM-Etou-13021.m4a).*

In addition, participants also criticized the lack of involvement of community leaders in vaccination campaigns.

### ***Poor involvement of community leaders in vaccination campaigns***

The poor involvement of community leaders in vaccination campaigns is one of the points raised by some respondents. However, an emphasis must be made because the vaccination campaigns involve Community Health Workers who are community leaders, but they would have liked the involvement of neighborhood and village chiefs because there are communities in Cameroon where traditional or religious leaders have an influence on the population, especially in terms of health. They are like health caution in case something happens. On this subject, a community leader in the city of Yaounde says he has never been associated with vaccination campaigns:

"E: Have you ever been involved in the organization of an immunization campaign in any way? A: Not yet. E: Would you like to participate? A: Yes, I would. (EI-CE-DJOU-TSIN-LA-120121).

### ***Immunization of children in schools without parental consent***

The lack of parental endorsement in schools for the vaccination of their children was a final point that emerged from the discussion points with participants. Many of them have a bad perception of the fact that their children are vaccinated at school without their consent because it can have disastrous consequences without knowing what really happened. For this reason, one teacher stated that:

*"...] Because you vaccinate children without their parents' approval, without their parents being present, uh, I think [uh] it was in Ivory Coast or Senegal where they vaccinated the children, they died a few days later, it was the media that talked about it, it was not.... it was not me, I'm not there the fear, the fear, there's the fear that you send your child to school, they [give him a pill] and then he dies [um] it's not good. "(EI-CE-DJOU-TSIN-LA-120121).*

Ultimately, based on the reasons for refusal cited by parents, it is imperative to glean the actions or preferences of communities for their participation in vaccination.

### ***Conflicts of interest among school principals***

Most of the school principals we met, especially from private structures, a conflict of interest emerged. This conflict of interest is characterised by a certain dissonance between the desire to promote government objectives, such as immunization, and the perceived need to respect the wishes of parents because of the interests involved in enrolling their children in a school. A school principal made it clear in these words:

*"Before being a school in the broadest sense of the term, I am first and foremost a company that has to make profit. And no one would ever enter, drive out those customers. " (EI-LIT-LOGB-NDOG2-DE-13-01-21)*

### ***Immunization, the victim of little censored public communication***

Some community leaders and school principals interviewed noted this fact of the dissemination of anti-vaccine messages in a few media with a wide audience among the population. Above all, they deplored the fact that this situation is only lightly censored by the public authorities.

*"I don't understand how the state can authorize the media under penalty of freedom of expression to allow people to come and do an anti-vaccination campaign... Even this kind of information is penalized. Because if the children were to die or has a pandemic or an epidemic that takes place because of language neglect as is the case here. These people have nothing to do, it is Cameroon that empatises. "* (EI-LIT-LOGB-NDOG2-DE-13-01-21)

## VI. OPTIONS AND MECHANISMS FOR COMMUNITY PARTICIPATION IN IMMUNIZATION SERVICES/INTERVENTION

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In this chapter, community options and mechanisms for participation in immunization services and interventions are presented. On the one hand, they are presented as the communities' preferences and on the other hand as their wishes or suggestions.

### ***Referral of children to health centers***

Referral of children to health centers is cited as one of the population's vaccination preferences. For them, the health center is the most reliable place for vaccine administration, unlike vaccination campaigns that take place in the community. Therefore, some respondents stated on this subject that:

*"We send the children to the Health Centre" (FGD\_EST\_BERT\_TIGA\_13 Jan 2021\_1).*

*"The hospital is the safest place for vaccination. That is why we prefer to send children to the hospital. The campaigns there? Hum it is not always safe. " (FGD-CE-BYEM-Etou-13021.m4a).*

### ***Information through community leaders***

Information through the involvement of community leaders was cited as a form of participation in vaccination campaigns. Although it was denounced above as insufficient, the involvement of community leaders in the sites where it takes place contributes to informing and sensitizing the population. In the Southern Region, in Kribi, a community leader mentioned his role as that of communicating to the population about vaccination activities.

*"My role is limited to information, based on the fact that I get a letter informing me that there is vaccination, I post it and send out the press releases, that's where my role is limited" (EI-South-kribi-LT-130121).*

### ***Communication precedes action!***

Communication was mentioned by all participants in all interviews and FGDs as a prerequisite for a successful vaccination campaign. This communication should focus on the nature of the vaccine, the vaccination schedule, and all aspects surrounding the vaccination. This would help rebuild public confidence in vaccination in general and in the polio vaccine. The following excerpts from the verbatims are illustrative:

*"I think that the vaccination campaigns, if the information is well started there is no problem, I think that what counts and takes time first is to inform the parents, that's the first thing. That the parent refers to his different, because in my opinion, every serious house, every one of my children has a follow-up since birth. That is to say that when a vaccine is given, I must go back to the doctor or the pediatrician to ask for this vaccine, what do you think? If my child has already been vaccinated, I do not think it is important to give him this vaccine, but if he hasn't yet been vaccinated, it's important that he takes the vaccine that's coming. I think it is important that the Ministry of Health communicate first" (FGD-CE-BYEM-Etou-13021.m4a).*

*...] I think that vaccination in schools poses a problem especially when one is not informed ... let's take the case of deworming ... many parents in these schools accept to deworm their children because a note is sent beforehand to warn the parents that this day your child is going to take such and such a thing to treat such and such a thing, but you can't appear there and then you ring you want ...". vaccinate the children the founders protect their children the directors protect their children the parents trust them from where we talked about trust if we can send a team to the field reported and a second team comes to vaccinate, I think it will be a little easier for parents to be notified that this day we will vaccinate your children for this disease if the information can even be written. "(FGD-CE-BYEM-Etou-13021.m4a)*

*"I think that before we start immunizing again in schools and neighbourhoods, we need to maximize the fact to make the parents understand what we are talking about. We must reassure parents so that they accept it, we must educate them so that they accept it, otherwise it will make people refuse. "(FGD- DJOU- Mbal- Mballa II)*

### **Use of the media and other communication channels to sensitize parents about the vaccine and the passing of vaccinators.**

Since the media have helped to tarnish population's trust in vaccination, they must be used to rebuild the image of the vaccine. The data collected show that the media must be used to raise awareness among the population for vaccination campaigns. Broadcasts, newspapers, and advertising spots must give pride to raising public awareness about vaccination.

*"...] on my part, I think we can inform in the newspaper how much everyone trusts you. "(FGD-CE-BYEM-Etou-13021.m4a)*

In addition, community and religious leaders should be involved in sensitizing parents about the vaccine and the immunization schedule.

*"...] the religious authorities, the educational authorities, the parents of children who have even been vaccinated. That is the first point because I think that if in the church the release is passed on to all the churches, chapels, mosques, and all that involves I think that parents will not be very surprised to see the teams knocking very early in the morning to be able to vaccinate the children. (FGD\_EST\_BERT\_TIGA\_13 Jan 2021\_1).*

*"...] Also encourage our sisters who do not want to give their child to vaccination explain the role of vaccination in children" (FGD-EST-YOKA-BORDEAU-13-01-2021-aac).*

Still, given the perceptions that people have of the vaccine or immunization, it is important for health authorities to conduct a good awareness campaign for parents before restarting immunization campaigns, as stated by this respondent below:

*"Yes, it is good to vaccinate for the simple reason that there are people who do not know that it is necessary to vaccinate children and it is for our good, it is for the health of our children and it is for the good of the whole country, when a child is sick it is only to bring us the expenses in the country and it is not going to be useful for the society so it is necessary to sensitize the population before restarting the vaccination campaigns" (FGD-NDJOU-TSING-NKOULMAKONG).*

These awareness campaigns must consider all means of communication, namely: the media; social networks; educational talks in health facilities, communities, associations and religious denominations and door-to-door outreach in rural areas.

## CONCLUSION

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This survey documents a diversity of perceptions, popular knowledge, factors, and social logics that explain the reasons for people's refusal of vaccination during preventive and response vaccination campaigns in the Littoral, Eastern, Southern and Centre regions.

The qualitative approach helped to identify and analyze the reasons for people's refusal of vaccination during preventive and response vaccination campaigns in the Littoral, East, South and Centre regions. The methodology used, combining documentary research, semi-directive interviews and focus group discussions, gives a clear picture of the combination of multiple factors that justify the perceptions, reasons for refusal of vaccination and suggestions of stakeholders. The data obtained in January 2021 in the four regions reflect the plurality of perceptions and reasons for refusing vaccination in the communities.

Several steps were followed in the implementation of this survey: development of the protocol and tools, preparation of the survey including the pre-test, briefing at the central level for the amendment of tools, training of investigators and the field visit. After data collection, transcriptions were made using Word software, data categorization by item and the current analysis.

As key findings, the survey reveals that perceptions of polio, the vaccine, vaccination, the vaccination schedule, and the vaccination target are identical. In the health districts of Biyem assi, Djoungolo (Yaounde); Logbaba, Nylon (Douala); Bertoua, Yokadouma (East) and Ebolowa, Kribi (South), the perceptions that emerge from the vaccine, vaccination, and vaccination schedule are diverse. Some suspect the vaccine as a product of the Western conspiracy to affect the reproductive health of their children; others perceive it as dangerous and deadly. This perception is increasingly reinforced with the advent of covid-19. People do not have sufficient knowledge about polio, about the vaccine, about immunization, or even about the immunization schedule. For those acknowledging the vaccine, there is a preference for vaccination in health facilities and not in the community or in schools.

Regarding refusals of vaccines, at the family and community level several responses were mentioned. For some, there is an increase of mistrust in the quality of the vaccine; in the current health context (coronavirus effect); in the training of immunization personnel; in rumors and information fed by the media and social networks. These situations result in parental rejection of immunization. Ignorance, lack/insufficiency of communication and the poor involvement of community leaders are at the root of parents' refusals.

In order to counter vaccination's refusals, at the level of families and communities, there is a need to intensify communication on the disease, on the vaccine, on the vaccination schedule and on the stakes of vaccination.

Finally, the interview and FGD data helped to analyze community preferences and wishes in the health districts for vaccination. It emerges that people now prefer vaccines in health facilities and not in the community or in schools. However, before restarting the vaccination campaigns, it is imperative to conduct communication and sensitization activities to defeat the perceptions that have been made about the vaccine, the vaccination schedule, and the vaccination agents. All communication channels must be used: the media; social networks; educational talks in health facilities, communities, associations and religious denominations and door-to-door outreach in rural areas.

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## APPENDICES

### Maintenance Guides

#### INDIVIDUAL INTERVIEW GUIDE

**Interview Instructions:** The facilitator will conduct a recorded interview of approximately 15-30 minutes with a targeted community leader in a community (village/neighborhood chief, religious leader, school principal, community leader). A Dictaphone should be used to record the interview and a notepad should be used to record the major points of the interview.

**Introduction:** *This interview is conducted as part of a survey carried out to collect the reasons for refusal of the population on the vaccination campaigns organized by the Ministry of Public Health against polio during the Covid-19 pandemic in Cameroon. The data collected will be kept confidential and will be treated anonymously. We thank you in advance for your participation.*

General information	
Code _____	Date of interview ____/____/____ First and last name of facilitator _____
Region _____	Health District Health _____ Area _____ Neighbourhood/Village _____
Start time of the interview _____	End time _____
Name of Key Informant :	

Themes	Orientations
<b>1. Knowledge, beliefs, opinion on vaccines, immunization, polio and other VPDs, immunization targets, immunization sessions planning</b> <ul style="list-style-type: none"> <li>Tell us about polio</li> <li>Tell us what you know about the vaccine that protects against polio.</li> <li>Tell us about other diseases that vaccines can help prevent.</li> <li>Tell us about the reasons why we vaccinate</li> <li>Tell us about the reasons for organizing polio vaccination campaigns</li> <li>Tell us about the people targeted for vaccination. What do you think about them?</li> <li>Talk to us about planning, scheduling of immunization sessions</li> </ul>	<b>Introduction:</b> <ul style="list-style-type: none"> <li>Introduce yourself.</li> <li>Explain the purpose of the interview.</li> <li>To say that what will be said at the session will remain anonymous.</li> <li>Explain the reasons for the registration and obtain agreement</li> </ul> <b>Icebreaker (easy question, descriptive)</b> <ul style="list-style-type: none"> <li>What do you think of the current debates between those for and against the CVD19 vaccine? What is your position on this issue?</li> </ul>

<ul style="list-style-type: none"> <li>• What do you think about free vaccines, like the one against polio?</li> <li>• In your opinion, does vaccination help eradicate diseases?</li> <li>• What do you know about polio eradication in Africa and the world?</li> <li>• In your opinion, should polio vaccination continue? Why should it continue?</li> </ul>	<p><b>At the level of each theme:</b></p> <ul style="list-style-type: none"> <li>• Re-contact the facilitator each time when an aspect is deemed unclear or has not been well addressed.</li> <li>• Remember that several requests can be addressed at the same time in the stakeholder's responses.</li> <li>• Avoid giving explanations to correct the speaker's comments.</li> </ul>
<p><b>2. Attitudes toward immunization campaigns and vaccine intent or practice</b></p> <ul style="list-style-type: none"> <li>• Have you vaccinated your child(ren) against polio in the last few campaigns? Why did you get vaccinated?</li> <li>• How do you appreciate the support of parents in your community during the recent polio campaigns? Why do you think so?</li> <li>• What reasons do you give for the reluctance and refusal observed among some parents in your community during the last polio vaccination campaigns?</li> <li>• What do you think about vaccination in schools? Do you have any proposals on this subject?</li> <li>• How would you describe your participation in polio vaccination campaigns?</li> <li>• Do you plan to vaccinate your child or encourage members of your community to do so if there is an immunization campaign in the coming months? Why or why not ?</li> <li>• What conditions or prerequisites would you give for more parents to agree to vaccinate their children in a future immunization campaign?</li> <li>• If a new vaccine were introduced to prevent any disease, would you be willing to take it for yourself or your children? Why would you do that?</li> </ul>	
<p><b>3. Constraints, difficulties and expectations/proposals</b></p> <ul style="list-style-type: none"> <li>• Tell us about the difficulties encountered by your community that you think explain the reluctance or refusal to vaccinate during the campaigns.</li> <li>• What do you think the government should do when planning to introduce a new vaccine?</li> <li>• In your opinion, what should the government do when it organizes an immunization campaign?</li> <li>• Do you think you have a role to play in routine or campaign immunization? How?</li> <li>• Do you have any wishes or proposals for the vaccination of children in your community?</li> </ul>	

## HETEROGENEOUS GROUP FOCUS GROUP INTERVIEW GUIDE (MALE AND FEMALE)

**Interview Instructions:** The facilitator will conduct a taped interview of approximately one hour in a Focus Group Discussion (FGD) with 6 to 8 men and women gathered in a location in the community outside the health center. A Dictaphone should be used to record the interview and a notepad should be used to record the major points of the interview.

**Introduction:** *This interview is conducted as part of a survey carried out to collect the reasons for refusal of the population on the vaccination campaigns organized by the Ministry of Public Health against polio during the Covid-19 pandemic in Cameroon. The data collected will be kept confidential and will be treated anonymously. We thank you in advance for your participation.*

General information	
Code _____	Date of interview ____/____/____ First and last name of facilitator _____
Region _____	Health District Health _____ Area _____ Neighbourhood/Village _____
Start time of the interview _____	End time _____
Interview participants: No. of men _____	No. of women _____
Other presences: local <input type="checkbox"/> chief	Health head <input type="checkbox"/> ther _____

Themes	Orientations
<b>1. Knowledge, beliefs, opinion on vaccines, immunization, polio and other VPDs, immunization targets, immunization sessions planning</b> <ul style="list-style-type: none"> <li>Tell us about vaccines, vaccination</li> <li>Tell us what you know about the vaccine that protects against polio.</li> <li>Tell us about the diseases that vaccines prevent</li> <li>Tell us about polio</li> <li>Tell us about the reasons why we vaccinate</li> <li>Do you see a difference between injectable and oral vaccines? How do you see a difference?</li> <li>Tell us about the reasons for organizing polio vaccination campaigns</li> <li>Tell us about the people targeted for vaccination. What do you think about them?</li> <li>What do you know about the immunization schedule for children?</li> <li>Tell us about the number of times a child needs to be vaccinated against polio to be fully protected?</li> <li>Tell us about the vaccination sessions</li> <li>Talk to us about planning, scheduling of immunization sessions</li> </ul>	<b>Introduction :</b> <ul style="list-style-type: none"> <li>Introduce yourself.</li> <li>Explain the purpose of the interview.</li> <li>To say that what will be said at the session will remain anonymous.</li> <li>Explain the reasons for the registration and obtain agreement</li> </ul> <b>Icebreaker (easy question, descriptive)</b> <ul style="list-style-type: none"> <li>Parlez-moi de vos enfants : combien en avez-vous ? Combien de filles ? Et combien de garçons ? Quel âge ont-ils ? (Faire parler 3 à 5 mères. But : contribuer à la mise en confiance et à l'accroche).</li> </ul> <b>At the level of each them :</b> <ul style="list-style-type: none"> <li>Relancer à chaque fois les participants lorsqu'on juge qu'un aspect n'est pas clair ou n'a pas été bien abordé</li> </ul>

<ul style="list-style-type: none"> <li>• What do you think about free vaccines, like the one against polio?</li> <li>• What do you know about polio eradication in Africa and the world?</li> <li>• In your opinion, does vaccination help eradicate diseases?</li> </ul>	<ul style="list-style-type: none"> <li>• Remember that several requests can be addressed at the same time in the stakeholder's responses.</li> <li>• Avoid giving explanations to correct the speaker's comments.</li> </ul>
<p><b>2. Attitudes toward immunization campaigns and vaccine intent or practice</b></p> <ul style="list-style-type: none"> <li>• Have you vaccinated your child(ren) against polio in the last few campaigns? Why did you get vaccinated?</li> <li>• Avez-vous connaissance d'une ou des personnes qui ont refusé de faire vacciner leurs enfants lors des dernières campagnes ? Pourquoi ?</li> <li>• Que pensez-vous de la vaccination dans les écoles ?</li> <li>• Pensez-vous vacciner votre enfant si une campagne de vaccination était organisée dans les mois à venir ? Et si c'était le vaccin contre la poliomyélite ?</li> <li>• Avez-vous des conditions pour accepter de vacciner votre enfant lors d'une prochaine campagne de vaccination ?</li> <li>• If a new vaccine was introduced to prevent any disease, would you be willing to take it for yourself or your children? Why would you do that?</li> </ul>	<p><b>To loop/finish at the level of each theme:</b></p> <ul style="list-style-type: none"> <li>• Make a short summary of what was said to make sure you don't leave out any answers or ideas.</li> <li>• End with this question: Do you have anything else to add?</li> </ul>
<p><b>3. Infodémies sur la vaccination et la lutte contre la poliomyélite</b></p> <ul style="list-style-type: none"> <li>• Quelles informations avez-vous reçues récemment sur la vaccination et les vaccins ?</li> <li>• De quelles sources/de qui, où avez-vous reçues ces informations ?</li> <li>• Si ces informations ont été reçues des réseaux sociaux, pouvez-vous lister les réseaux sociaux où vous avez reçus ces informations (facebook, twitter, whatsapp, tiktok, Instagram...) ?</li> <li>• Que faites-vous des informations sur la vaccination que vous recevez sur les réseaux sociaux ? Influence sur votre choix de faire vacciner vos enfants, ou de donner un conseil à vos proches sur la vaccination ?</li> <li>• Dites-nous comment vous vérifiez les informations que vous recevez sur la vaccination ?</li> <li>• Y'a-t-il des personnes particulières sur qui vous pensez vous appuyer pour vérifier les messages reçus sur la vaccination, des mesures nécessaires à prendre et pourquoi ?</li> </ul>	

#### 4. Constraints, difficulties and expectations/proposals

- Parlez-nous des difficultés que vous rencontrez pour la vaccination des enfants
- Comment réagissez-vous si l'État veut introduire des nouveaux vaccins pour les enfants ?
- Selon vous, que doit faire l'État lorsqu'il prévoit d'introduire un nouveau vaccin ?
- Selon vous, que doit faire l'État lorsqu'il organise une campagne de vaccination ?
- Pensez-vous que vous avez un rôle à jouer dans la vaccination ? Comment ?
- Do you have any wishes or proposals for the vaccination of children in your community?

## Administrative notes

REPUBLIQUE DU CAMEROUN  
Paix – Travail – Patrie  
MINISTRE DE LA SANTE PUBLIQUE  
SECRETARIAT GENERAL  
DIRECTION DE LA SANTE FAMILIALE  
PROGRAMME ELARGI DE VACCINATION

REPUBLIC OF CAMEROON  
Peace – Work – Fatherland  
MINISTRY OF PUBLIC HEALTH  
SECRETARIAT GENERAL  
DEPARTMENT OF FAMILY HEALTH  
EXPANDED PROGRAMME ON IMMUNIZATION

N° 3ME-486 /NS/MINSANTE/SG/DSF/GTC/PEV/SPA/CAD/UPH  
Yaoundé, le 31 DEC 2020

### NOTE DE SERVICE

Dans le cadre de l'étude qualitative sur les raisons de refus à la vaccination, les responsables ci-dessous sont désignés pour conduire le pré-test qui se déroulera au cours de la période du **04 au 06 janvier 2021** dans 4 districts de santé de la région du centre.

Il s'agit de :

District de santé	Enquêteur	Accompagnateur local	Expert indépendant
Nkolondongo	M. TCHETCHIA Adalbert (GTC-PEV)	CDS (1) PFC (1)	Dr NSANGOU Moustapha CDP8S-H
Efoulan	Dr ESSOMBA Brice (GTR-PEV)	CDS (1) PFC-DS (1)	
Mfou	Mme MBEZELE Sandra (PFC-DRSP)	CDS (1) PFC (1)	
Mbankomo	Mme NGA Nadège (GTC-PEV)	CDS (1) PFC-DS (1)	

**Coordination:** Dr TCHOKFE Shalom NDOULA (SP PEV)  
*La session debriefing se déroulera dans chaque district de santé avec l'Equipe Cadre de District.*

  
*M. Mankouma Malachio*

REPUBLIQUE DU CAMEROUN  
*Paix – Travail – Patrie*

MINISTÈRE DE LA SANTÉ PUBLIQUE

SECRETARIAT GÉNÉRAL

DIRECTION DE LA SANTÉ FAMILIALE

PROGRAMME Élargi de Vaccination

REPUBLIC OF CAMEROON  
*Peace – Work – Fatherland*

MINISTRY OF PUBLIC HEALTH

SECRETARIAT GENERAL

DEPARTMENT OF FAMILY HEALTH

EXPANDED PROGRAMME ON IMMUNIZATION

N° 15/NS/MINSANTE/SG/DSF/GTC-PEV/SPA/C4D

Yaoundé, le

05 JAN 2021

### NOTE DE SERVICE

Dans le cadre de l'étude qualitative sur les raisons de refus lors des AVS, les personnes ci-dessous sont désignées comme transcripteur des entretiens collectés sur le terrain. Ladite transcription se déroulera du **15 au 19 janvier 2021**.

Il s'agit de :

- Mme HAPSSATOU OUSMANOU Faouzia
- Mme MBENA ELOUNDOU Marlène Aurelie
- Mme NOTUE SITCHOMA Julienne Kisito
- Mme EWALA MBOULE Raissa Manuele
- Mme TSAGUE Aimairence
- Mme INNA Geneviève Raissa
- Mme JEAGUE DONGMO Ingrid
- M. BAYEMI Albert Noel
- M. ATANGANA Nicolas
- M. MOCTAR

*Le briefing des transcripteurs se tiendra le Vendredi 8 Janvier 2021 à 9h00 à la salle de réunion du GTC PEV.*

  
SECRÉTAIRE PERMANENT  
GTC / PEV  
  
Dr. SHALOM NDOULA  
Médecin de Santé Publique

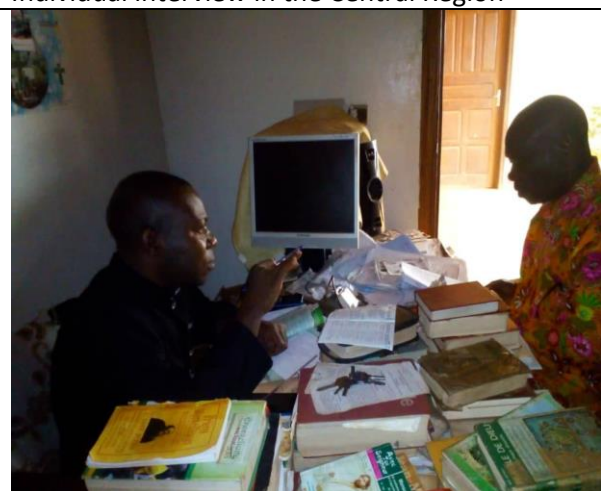
## Pictures



Individual interview in the Central Region



FGD in Central Region



Individual interview in the East Region



FGD in the East Region



Individual interview in the Littoral Region



FGD in the Littoral Region



Individual interview in the South Region



FGD in the South Region