

Technical Report

Vaccine hesitancy towards the Tetanus Toxoid (TT) vaccine for women of childbearing age in Tiaty Sub County, Baringo County (Phase II)

By

African Institute for Health and Development (AIHD)

To

**Centre for Disease Control -Global Immunisation Division and WHO
AFRO**

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List of Abbreviation

AIHD	African Institute for Health and Development
CAM	Community Action Model
CDC	Centre for Disease Control
CHV	Community Health Volunteers
CHC	Community Health Committees
CHEW	Community Health Extension Workers
CHMT	County Health Management Team
CSO	Civil Society Organisations
hCG	Human Chorionic Gonadotropin
IEC	Information Education and Communication
KCCB	Kenya Conference of Catholic Bishops
MNT	Maternal Neonatal Tetanus
MoH	Ministry of Health
NGO	Non-Governmental Organization
NT	Neonatal Tetanus
PWD	People with Disability
SCHMT	Sub County Health Management Team
TT	Tetanus Toxoid
WHO	World Health Organisation
WHO AFRO	World Health Organisation Regional Office for Africa

EXECUTIVE SUMMARY

Background: The African Institute for Health and Development (AIHD) in collaboration with CDC Atlanta, WHO-Africa Region and Baringo County is implemented a project dubbed: Vaccine hesitancy towards the Tetanus Toxoid (TT) vaccine for women of childbearing age in Tiaty sub county, Baringo County in phases. The phase 1 of the project was a study that was conducted in 2016 in two study sites Eldama Ravine town and Torongo in Koibatek Sub County; Chemolingot and Nakoko in Tiaty Sub County. The two (2) sub counties were control and test sites respectively. Study findings from phase I indicated that; confusion, inadequate communication, inadequate health education, opportunity cost and inaccessibility to immunizing health facilities are the contributing factors to lower uptake of TT vaccine in Tiaty Sub County in comparison to Koibatek Sub County. Phase II of the project was initiated in response to these findings. The project was implemented in Tiaty Sub County, Silale and Ribkwo wards.

Objective: The overall goal of the phase II project was to boost the confidence in the TT-containing vaccine among Baringo County's male heads of households and influential community leaders. The project aims to accomplish the following objectives:

- i. Address any lingering community misconceptions about TT-containing vaccine;
- ii. To gain the support and commitment of influential leaders and male heads of households for TT-containing vaccine and routine immunization;
- iii. Increase faith-based support for TT-containing vaccine and routine immunization; and
- iv. Boost or restore confidence of the community on the community health care workers participating in campaigns and health care workers in general.

Implementation: The project used a community action model (CAM) approach, and the following activities were undertaken.

- i. Conducting community engagement and awareness with religious leaders
- ii. Conducting training of targeted community health volunteers to build their capacity.
- iii. Holding community engagement with opinion leaders to improve level of knowledge and awareness to foster ownership of project and sustainability of the initiative.
- iv. Holding community engagements with the community to sensitize the community on the importance of TT vaccine.

Recommendations: Based on the project implementation, the following recommendation are made:

1. INTRODUCTION

1.1 Background

Maternal Neonatal Tetanus (MNT) is a vaccine-preventable disease; one of the most effective ways to protect against the disease is to immunize women of childbearing age and pregnant women with a TT dose. It is estimated that tetanus causes 213 000 – 293 000 deaths worldwide each year and that it is responsible for 5–7% of all neonatal deaths and 5% of maternal deaths globally [1]. The purpose of giving the vaccine to women of childbearing age and to pregnant women is to protect them from tetanus and to protect their new-born infants against Neonatal Tetanus (NT). Tetanus vaccination produces protective antibody levels in more than 80% of recipients after two doses. Two doses protect for 1–3 years, although some studies indicate even longer protection. Tetanus vaccine is safe to give during pregnancy [2].

Despite elimination of maternal and neonatal tetanus (MNT) in Kenya in 2018, the low utilization in TT vaccine was attributed to the distrust by the Kenya Conference of Catholic Bishop (KCCB) who raised concerns about the TT vaccine containing human chorionic gonadotropin (hCG) which the KCCB claimed, if present in the vaccine, would prevent conception in vaccinated women (KCCB press conf). The problem is exacerbated in pastoralist communities in Baringo County, mainly the Pokot, where mothers make their living by raising livestock and have limited access to health care services due to distance, myths, and a lack of awareness about the vaccine. As a result, knowing a reliable estimate of tetanus toxoid vaccination uptake and the factors influencing utilization is found to be critical for planning and implementation of a corrective intervention.

The African Institute for Health and Development (AIHD) in collaboration with CDC Atlanta, WHO-Africa Region and Baringo County is implemented a project dubbed: Vaccine hesitancy towards the Tetanus Toxoid (TT) vaccine for women of childbearing age in Tiaty sub county, Baringo County in phases. The phase 1 of the project was a study that was conducted in 2016 in two study sites Eldama Ravine town and Torongo in Koibatek Sub County; Chemolingot and Nakoko in Tiaty Sub County. The two (2) sub counties were control and test sites respectively. Study findings from phase I indicated that; confusion, inadequate communication, inadequate health education, opportunity cost and inaccessibility to immunizing health facilities are the contributing factors to lower uptake of TT vaccine in Tiaty Sub County in comparison to Koibatek Sub County. Phase II of the project was initiated in response to these findings. The project was implemented in Tiaty Sub County, Silale and Ribkwo wards.

1.2 Project Aim

The goal of the Phase II of the project was to strengthen confidence in TT-containing vaccine among male head of households and influential community leaders in Baringo County, Kenya. Specific objectives included:

- i. To address any lingering community misconceptions about TT-containing vaccine;
- ii. To gain the support and commitment of influential leaders and male head of households for TT-containing vaccine and routine immunization;
- iii. Increase faith-based support for TT-containing vaccine and routine immunization; and
- iv. Boost or restore confidence of the community on the community health care workers participating in campaigns and health care workers in general.

2. PROJECT IMPLEMENTATION

2.1 Project Design

The project implementation adopted the Community Action Model (CAM model), a methodology designed to strengthen communities' capacity to address public health concerns through the active participation of community members. The model has shown to be effective because it considers each community's unique characteristics when developing and implementing public health interventions. The CAM demonstrated usefulness in identifying multiple social contextual factors that contribute to vaccine refusal and hesitancy to comply with national immunization program requirements, with the goal of developing strategies that actively engage community members in reducing vaccine refusal concerns. The project was implemented in two wards in Baringo County, Tiaty Sub County, Silale and Ribkwo wards, which were purposefully selected to include areas with reported vaccine hesitancy and extremes of TT vaccine coverage.

2.2 Project Activities

2.2.1 Stakeholder Strategy meetings

The project team undertook several meetings to design the best strategies for reaching out to remote areas and hard-to-reach populations. The sessions involved different project stakeholders County Health Management Team (CHMT), Sub County Health Management Team (SCHMT), Chemolingot and Nakoko influential/religious leaders, as well as training for Community Health Volunteers (CHVs) who are responsible for awareness creation and sensitization through church forums and social ceremonies. The following are key strategies identified during these meetings:



Figure 1: Sub County meeting in progress: Photo by AIHD.

- i. Long-term and integrated health awareness outreach by using community dialogues and action days such as World Immunization Week organized by health workers, CHVs, chief barazas, influential people and Nyumba Kumi¹ initiative to create awareness.
- ii. Launch a robust outreach service in hard-to-reach areas using bodaboda (motorcycles) or beyond zero trucks by partners and county government. This will ensure that immunization and critical information is publicly available to residents.

¹ This is a strategy of anchoring Community Policing at the household level or any other generic cluster. These households can be in a residential court, in an estate, a block of houses, a manyatta, and a street, community of interest, a gated community or a village.

- iii. The CHVs to provide house-to-house health education. This will ensure that everyone, including people with disabilities (PWDs), receives the TT-containing vaccine information.
- iv. Training and motivating of CHVs and Community Health Committees (CHC) about the updated MoH TT injections schedule to refer mothers to the appropriate doses.
- v. Need for a structured partnership between the Ministry of Health (MoH) and community opinion leaders, influential individuals, religious leaders, and civil society organizations (CSOs) to implement health-related projects. This will bolster project ownership and sustainability by fostering synergy.
- vi. Use of the Nyumba Kumi initiative in collaborative efforts with CHVs, since pregnant mothers' TT injection statuses can be identified and referred to health facilities on time. This will serve as a reminder to mothers about the importance of vaccination.
- vii. Use of Information, Education, and Communication (IEC) materials to convey key messages about the TT vaccine. The IEC materials should be presented through songs, posters, drawings/art, pictorials, and vernacular/local dialects. They help raise community awareness and aid in long-term behavior change in the community.
- viii. Using community groups such as women's groups, youth groups, and religious leaders to educate members about the importance of immunization.
- ix. Engage elders, religious leaders, and youth leaders in sensitization and mobilization activities before planned health interventions such as vaccination campaigns.

2.2.2 Community Engagement Forums

Community engagements provide an opportunity to discuss local solutions to vaccine hesitancy and buffering efforts to eliminate vaccine refusal-related issues. Its goal is to help the community understand the topic at hand. This involved holding conversations with community members. The forums provided an opportunity to discuss the disease, its prevention, and demystifying misconceptions and gather information on the barriers to vaccine hesitancy. A community conversation guide was developed with key messages to facilitate the discussions.



Figure 2: Nginyang West Area chief addressing community members: Photo by AIHD

Due to the Covid-19 pandemic and in accordance with Government and MoH directives on social gatherings, Community engagements took place in eight different locations (4 sites in Tiaty East and 4 sites in East Pokot sub-counties). A total of 800 people were educated on the symbolic importance of the tetanus toxoid vaccine. The area chiefs mobilized the community members, and an average of 50 men and 50 women of childbearing age were carefully

selected per site. However, the number of participants often exceeded the expected number. The following topics were covered during the community engagement and education: i) definition of maternal, neonatal tetanus, ii) etiology of tetanus, iii) prevention of tetanus, and iv) tetanus toxoid immunization schedule.

As a result, community members were educated on the importance of the tetanus toxoid vaccine. Pregnant women were advised to visit Antenatal Clinics at least four times during their pregnancy. This will permit them to receive tetanus toxoid vaccination, protecting themselves and their children from the lethal MNT.

Male participants were also encouraged to support their wives during their pregnancies. This is to ensure that they have a smooth and consistent antenatal clinic visit. Men or household heads can also provide financial support to expectant mothers using *bodabodas* to get to health care facilities. They were also requested to offer moral support to their spouses before, during, and after their pregnancies.

Home deliveries are widespread in Tiaty due to a lack of health facilities, long distances to health facilities, and poor road networks. Therefore, community members were advised to avoid home deliveries as much as possible but rather use health facility deliveries and be attended to by trained or skilled health professionals. Health-care delivery is safer, effective, and efficient. They were also instructed to avoid retrogressive cultural practices like using cow dung on babies' umbilical cords and other harmful practices.

2.2.3 Use of Media (IEC Materials)

The project used Information Education and Communication materials (IEC) as a key strategy to enhance awareness creation in the community. The IEC materials were presented in the form of songs, posters, banners, pamphlets, drawings/art, and pictorials and were in vernacular/local dialect. They were useful in raising community awareness and aid in long-term behaviour change in the community. CHVs were used to engage community members through the pamphlet information where they addressed key issues, vaccine dosage, misinformation, misconception, and myths that affected people's belief that the Tetanus Toxoid vaccine is unsafe. (See Annex 3 for IEC materials developed).

2.3 Project Outcomes

- i. During our interactions with community members, it was clear that there is less vaccine refusal and no vaccine misinformation. Men confirmed that the tetanus vaccine is safe and does not include any family planning components; they believed that no family planning is given to a pregnant woman. The fact that men are given a tetanus toxoid vaccine whenever they get a wound or cut ruled out the family planning myth.
- ii. As a result of a poor road network and long distances to health facilities, most women prefer to stay at home rather than travel for more than two days to immunization facilities. The MoH, in collaboration with other CSOs, has implemented integrated health outreach in some difficult-to-reach areas. However, these interventions are only temporary and do not reach all of Tiaty's hard-to-reach areas.

- iii. Due to the high illiteracy level in this region, there is a need for regular community sensitization meetings and civic education on health issues to help improve knowledge of basic health needs.
- iv. Tiaty Sub County has rugged terrain and a sparsely populated Pokot pastoral community. The area also faces significant water and sanitation challenges and capacity building issues, and delinquent health-seeking behaviors.
- v. It was noted that there is no refusal/rejection of the TT vaccine. The problem is the accessibility of the vaccines and the knowledge gap of the vaccine due to illiteracy level, e.g., schedule of TT vaccine.
- vi. Community education and engagements conducted were beneficial. However, many areas needed this activity and were not reached due to limited resources.
- vii. The scope of the intervention was minimal with the vast nature of Tiaty Sub County

Testimonial: Embracing ANC and hospital delivery

Mr. Lokong is a young married man in his early 30s from a remote village of Nasorot in Tiaty Sub County in Baringo County. He never went to school, and his life revolved around looking after livestock. Lokongo, just like many of the community members in his village, did not know of the tetanus-diphtheria vaccine. He did not know what it was, neither did he even know its benefits. During the community engagement meeting in November 2020, he was sensitized on the importance of the vaccine and the need to support his wife and other women in the community when it comes to vaccination and immunization programmes. He learnt that a pregnant mother receives two doses of the vaccines at the interval of four weeks and single doses in the subsequent pregnancies up to a total of five doses.

"In April 2021, while on my routine work in Chemolingot sub-county hospital, I met Mr. Lokong along the corridors of maternity, and he was overly excited and full of happiness. He told me that he accompanied his wife to deliver in the hospital. Mr. Lokongo said that they lost their first baby at birth due to a lack of skilled delivery while admitting that his wife never went to an antenatal clinic during that pregnancy in 2019. He says that he learned a lot after the community engagement meeting he attended in November 2020. He encouraged his wife to attend the clinic and ensured that his wife would deliver in the hospital. He confirmed to me that his wife was able to attend antenatal clinic four times, and on that morning, they were blessed with a bouncing baby boy." (MoH Official- Tiaty Sub-county).

2.4 Key Lessons Learnt

- i. The Community Action Model (CAM) ensures full participation, ownership, and sustainability of the project through community involvement. Aside from the social and economic effects of Covid-19, some community members went beyond to provide solutions to their community's vaccine uptake challenges.
- ii. Even though behavior change takes time, community engagement is critical for better health promotion outcomes. Some of the areas visited had never had the opportunity to be educated on health issues. The community emphasized the importance of many more such engagements to become more knowledgeable about health issues.
- iii. This intervention is a powerful tool in behaviour change as individuals share their experiences to help them make informed decisions. Testimonials, real-life stories, and human-interest stories create a connection with the audience, which impacts the

mind (thoughts), Heart (feelings), and Hands (action), later transiting to informed decision making and desire towards positive intended behaviour.

2.3 Challenges Experienced During Project Implementation

Insecurity: The County was experiencing insecurity due to banditry attacks between the Turkana and Pokot communities laying siege to the border town. To restore calm and order in the troubled area, the government ordered a dawn-to-dusk curfew and a cessation of movement in and out of the area. This caused a delay in implementing project activities. The AIHD team, in partnership with the County health teams, monitored the security situation and came up with a plan for undertaking activities.

Covid-19 pandemic: The project was implemented amidst the Covid-19 pandemic; hence there was fear among participants, especially during community gatherings. The project team ensured the adherence to MoH guidelines to stop and control the spread of the virus. As such, community members were always encouraged to wear their masks properly, sanitizers were provided for, and maintaining social distance was observed throughout the interaction with community members.

Poor terrain and vastness of wards: The intervention also faced limitations in terms of the vastness of the targeted locations, challenging weather (sunny, dry weather), and poor road network, which slowed the pace of the project team, for instance, it takes quite some time for the community educators to reach the community to undertake activities. To counter this, the community educators were provided with a transport allowance to hire motorcycles to transport them to the training venues.

3. CONCLUSION AND RECOMMENDATIONS

3.1 Conclusion

It is indeed true that Baringo as a county has many inhibiting factors that can exacerbate the uptake of the TT vaccine. It is a traditional community rooted in the pastoral lifestyle and marginalized with limited access to essential health interventions. The key achievements of this intervention are; reduced misinformation, fear, myths, misconceptions, rumors, and stigma, improved knowledge on TT dosage, and schedule to curb hesitancy of uptake of vaccines in the community. Community participation in health-related interventions is crucial since it ensures ownership and sustainability of efforts in the long run.

3.2 Recommendations

The participants gave the best strategies that they believed will help increase the uptake of tetanus-diphtheria vaccination among women of childbearing age in Tiaty Sub County.

- i. **Consistent health talks or education by health educators and health workers at MCH:** During the community engagement meetings, it was clear that there is a knowledge gap on the vaccine. Many people do not understand its benefits neither do they know the doses and schedule. This, therefore, calls for consistent health education on the importance of tetanus-diphtheria, quantities, and the schedule.
- ii. **Establishment of Community health units in hard-to-reach areas:** Tiaty East Sub County is a vast sub-county in Baringo County. It occupies 49% of the entire sub-county. Ironically, it is the least in development with a minimum number of health facilities in the County, attributed to high illiteracy levels, marginalization, and other retrogressive cultures such as cattle rustling. Due to few health facilities, it is evident that the region suffers from health care workers deficiency. As a remedy, there is a need to establish community health units and train community health volunteers in far-flung areas to help in sensitization, referrals, and follow-ups.
- iii. **Planning and coordination of regular monthly outreaches in far-flung areas:** A large part of Tiaty sub-county, such as Kapau, Akoret, Kongor, Atirir, and Kulol to mention a few areas without even a single dispensary. These regions have been surviving on the mercies of NGOs for essential health services such as immunization, nutrition services and public health services. The said outreaches have never been consistent due to funding and security issues that forced partners to withdraw. The sub-county health management team called for support for a utility vehicle that will facilitate staff transportation, vaccines, and drugs to these areas, improving tetanus vaccination uptake.
- iv. **Collaboration with all relevant stakeholders in project implementation:** Each player was able to provide support geared towards the success of the project. This also offered more comprehensive coverage of the area in the continued passage of information.
- v. **Health education, referral, and follow-ups by the CHVs:** Community health volunteers are the pillar of health system in Kenya as they form part of the essential services providers. CHVs are the first point of contact at the community level. They play a critical role in the sensitization of communities on health matters, refer mothers for antenatal clinics, hospital deliveries, and follow-up on the issues to ensure that they complete at least four visits per pregnancy.
- vi. **Equipping of dispensaries with power supply:** Tiaty, as mentioned earlier, is an underdeveloped sub-county. Electricity is still a dream in most parts of this sub-county. Most dispensaries cannot offer immunization services due to a lack of power supply hence the inaccessibility of vaccines. There is, therefore, a need to equip these dispensaries with power such as solar power to facilitate the safe storage of vaccines, thus bringing vaccines close to the people.
- vii. **Sourcing of vaccines by staff from the sub-county hospital**
Health care workers in non-immunizing health facilities have gone further to facilitate themselves to source vaccines from the sub-county hospital to ensure that their patients do not miss this critical service. The sub-county health management team applaud the efforts of these staff and encourages them not to give up.

- viii. **Motivation of community health volunteers:** There is a need for county governments or partners to provide active and committed community health volunteers with a stipend as a motivation. The Safaricom Foundation supports CHVs in Tiaty whereby a CHV who refers a mother to the health facility for delivery receives Ksh. 300 while the mother is paid Ksh 500. This has motivated CHVs to work round the clock to ensure that all mothers deliver or get TT vaccine in health facilities and no life is lost because of unskilled delivery or infection.
- ix. **Continuous community involvement in the program,** which would engender community and facilitate the development of community-driven strategies. This would also enhance sustainability.

4. REFERENCES

1. Disease factsheet about tetanus. European Centre for Disease Prevention and Control. <https://www.ecdc.europa.eu/en/tetanus/facts>.
2. Maternal immunization against tetanus
https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/immunization_tetanus.pdf.

5. ANNEXES

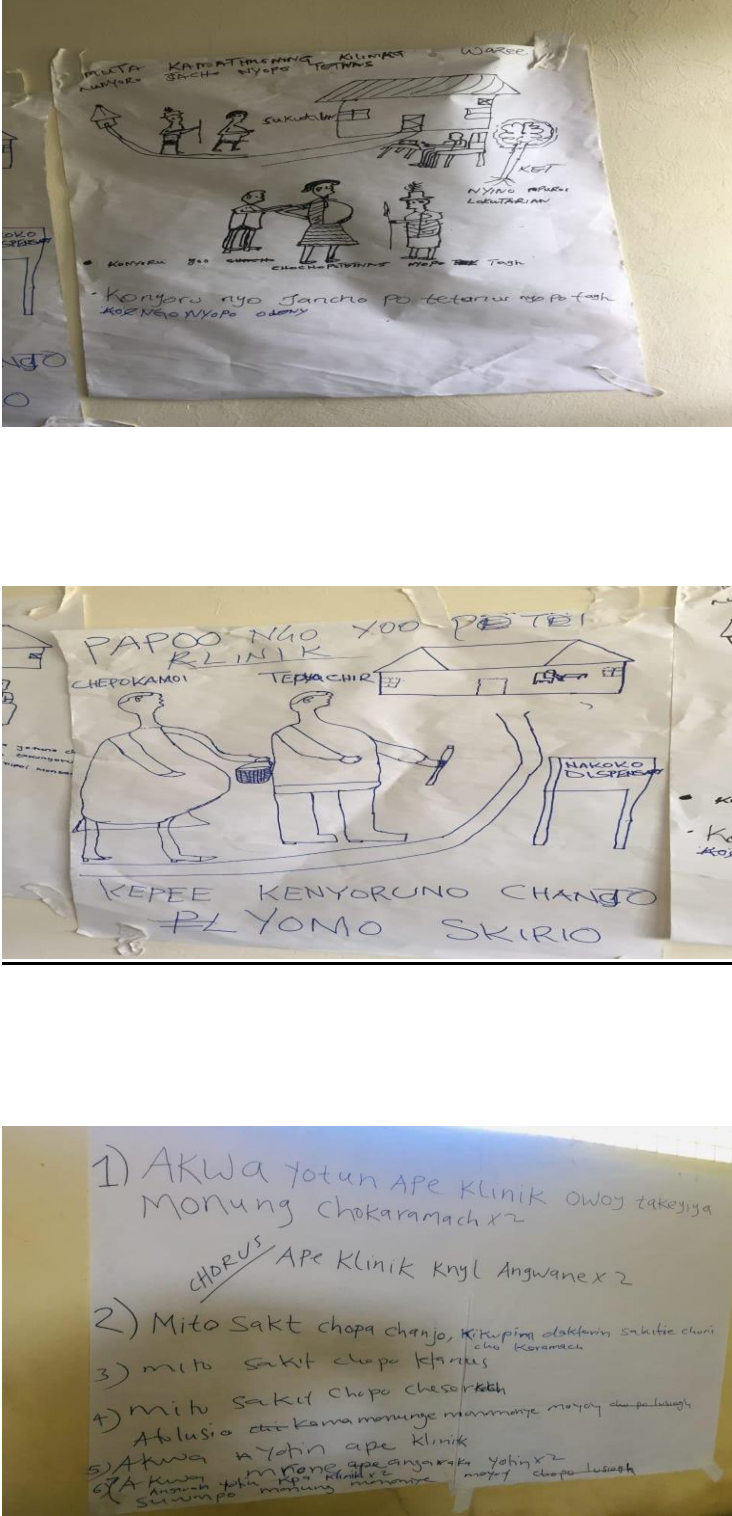
Annex 1: Number of People Reached During Meetings

Activity	Number reached
Baringo county meeting	3
Sub-county stakeholder meeting	22
Chemolingot influential leaders	33
Nakoko community leaders meeting	31
Community educator's refresher training /Community health Volunteers	16
Nakoko Influential/ Religious leaders meeting	14
Community education forums	800
Reflection meetings with CHMT&SCHMT	20
Reflection meeting with key stakeholders	30
Total stakeholders reached	969

Annex 2: Community Engagement and Education Forums Sites

S/No.	Site	Population sensitized	Date	Wards
1.	Maron	100	16 th November 2020	Ribkwo Ward
2.	Nginyang West	100	18 th November 2020	
3.	Kositei	100	27 th November 2020	
4.	Chesakam	100	20 th November 2020	
5.	Napeikore	100	18 th November 2020	Silale Ward
6.	Nalekat	100	24 th November 2020	
7.	Toplen	100	25 th November 2020	
8.	Natan	100	26 th November 2020	
Total		800		

Annex 3: IEC Materials

Description	Item	Remarks
<p>Development of IEC materials</p>		<p>Figure 3&4: Posters showing male involvement in boosting TT coverage.</p> <p>Figure 5: sensitization song used to educate the community on the importance of TT vaccine</p>



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Community engagement and education photos

Reflection meetings with key stakeholders and county health team photo

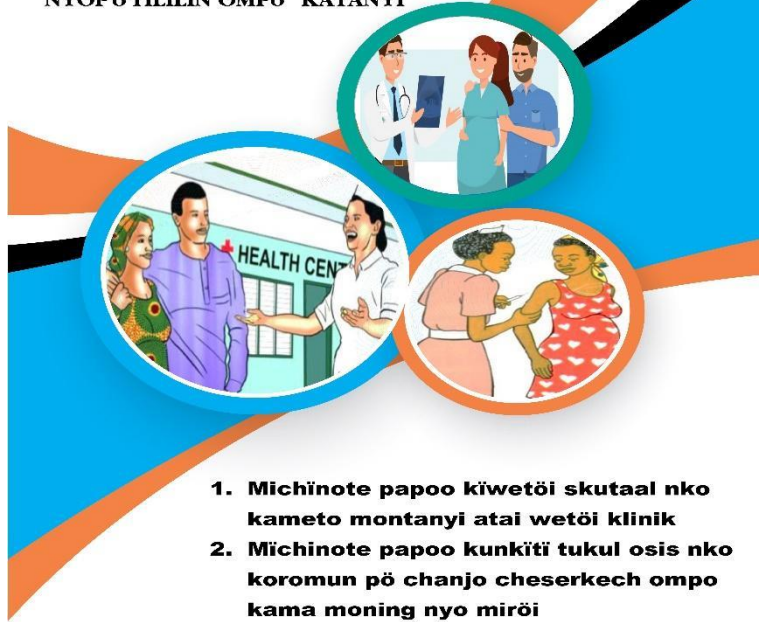
IEC materials: Posters, Pamphlets, and banners to be used for health promotion



Figure 6: CHMT during a reflection meeting

Figure 7: Poster be distributed to the respective community units.

**PAPO
KÖ KIPCHERÜ
NYOP Ö TILLIN ÖMPÖ KATANYI**



- 1. Michinote papoo kiwetöi skutaal nko kameto montanyi atai wetöi klinik**
- 2. Michinote papoo kunkiti tukul osis nko koromun pö chanjo cheserkech ompo kama moning nyo miröi**
- 3. Michinote ngat papoo kuchichim kameto montanyi kiwo klinik atai miröi**



Figure 8: Banner placed in the two health centres (Silale and Ribkwo)



**Cheserkech kö sömeu nyo gha nyoman.
Muchei küporei moning cho müngesch.**

**Rokoo nyu; korr lowur cho mirsot
künyorü chanjo cheserkech ompo suktali.**

**Karamach sakit ak möting nyee
eghintö anga lapay**

Figure 9: Pamphlets distributed to all CHVs in order for them to disseminate information to the community



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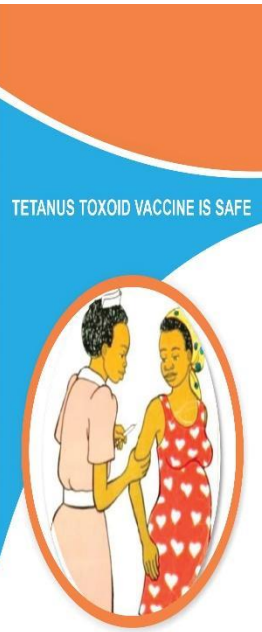
Tetanus toxoid immunization schedule for women of childbearing age

Dose of TT or Td	When to give	Expected duration of protection
1	At first contact or as early as possible in pregnancy	None
2	At least 4 weeks after TT1	1-3 years
3	During subsequent pregnancy (second pregnancy)	At least 5 years
4	During subsequent pregnancy (third pregnancy)	At least 10 years
5	During subsequent pregnancy (fourth pregnancy)	For life

For Active Immunization

Tetanus carries a 35% mortality rate, making prevention very important. The best course is immunizations with consistent booster doses.

- 1ST DOSE-6th week
- 2nd Dose-10th week
- 3rd Dose-14th week
- 1st Booster-18th month
- 2nd Booster-6th year
- 3rd Booster-10th year



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Vaccine hesitancy towards the Tetanus Toxoid (TT) vaccine for women of child-bearing age in Tiati sub-county, Baringo County.

What is Tetanus?

Tetanus is a serious disease caused by a bacterial toxin (Clostridium tetani) that affects your nervous system, leading to painful muscle contractions, particularly of your jaw and neck muscles. Tetanus can interfere with your ability to breathe and can threaten your life. Tetanus is commonly known as "lockjaw." Clostridium tetani is a rod-shaped bacterium. C.tetani is found in spores in soil or as parasites in the gastrointestinal tract of animals.

Incubation period

Usually ranges for 3-21 days but can range from the day of injury to several months.

Average incubation period is 10 days
Depends on character, location and extent of the wound.

Tetanus signs and symptoms include:

- Jaw cramping.
- Sudden, involuntary muscle tightening (muscle spasms) – often in the stomach.
- Sudden, involuntary muscle tightening (muscle spasms) – often in the stomach.
- Painful muscle stiffness all over the body.
- Trouble swallowing.
- Jerking or staring (seizures)
- Headache.
- Fever and sweating.
- Changes in blood pressure and fast heart rate.

Prevention of Tetanus

Tetanus is a vaccine preventable disease. This means that tetanus can only be prevented through immunization with tetanus toxoid vaccine. However, people who recover from tetanus do not have natural immunity and can be infected again. 2 doses of Tetanus Toxoid is given to all pregnant women between 16 to 36 weeks of pregnancy with an interval of 1 to 2 month between the 2 doses. Women of child-bearing age are required to receive 5 doses of tetanus toxoid as shown in the table.

