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Immunisation drive still faces hurdles



Children at play in Manzese, Dar es Salaam Parents need more education on the importance of child vaccination.

By Nazish Dholakia

One parent thinks the droplets her daughter receives at birth contain Vitamin A, while another believes these droplets will prevent her son's bones from bending. In fact, the droplets contain the oral polio vaccine (OPV).

This example epitomizes the lack of awareness among parents regarding the vaccines their children receive. Although parents seem to be somewhat aware of the importance of receiving vaccines, they tend to lack knowledge about what vaccines their children are receiving and the diseases these vaccines are intended to prevent.

Insufficient knowledge on behalf of parents regarding vaccines has contributed to the decline in coverage rates for traditional vaccines, according to Dr. Mary Kitambe, the Programme Manager for the Expanded Programme on Immunisation (EPI).

□ This is an area that we need to make sure we sustain awareness, because we can now see that awareness is decreasing, □ Dr Kitambe said.

The EPI immunizes children across Tanzania against seven vaccine preventable diseases, including measles, polio, diphtheria, pertussis, tetanus, tuberculosis and hepatitis B.

Previously, coverage rates stood at above 90 per cent for each vaccination, according to the EPI. However, these figures dropped in 2007, when the coverage rates for DPT Hepatitis B plunged to 83 per cent, BCG and OPV 3 dropped to 88 per cent, and measles fell to 90 per cent.

No deaths related to measles had been reported for five years until 2006, when areas in Dar es Salaam and Tanga experienced an outbreak in cases. All of this, in part, has been caused by a lack of understanding about the importance of ensuring that children are immunized.

According to Dr Kitambe, organizations made great strides in their efforts to sensitize the public about the importance of vaccinations. At that time, health workers traveled to various communities and villages to educate parents about the benefits of vaccines. However, this was done almost 25 years ago.

A mother of two children, who chose to be identified as Mama Asha, could only recall that her daughter, who is three years old, received droplets at birth, and vaccines one month and three months after birth. She did not know the names of these vaccines.

Similarly, Amy, a mother of three children, could recollect that her son, Matiku, received □ water droplets □ three days after he was born. According to his mother, he received the polio vaccine at one month and the measles vaccine at nine months.

In both of these instances and in several others, mothers who were interviewed could only recall two or three of the seven vaccines the EPI provides. Furthermore, their recollection of when their children received certain vaccines was not in accordance with the EPI's timeline for vaccinations.

Still, whether these mothers □ are simply mistaken as to the number of vaccines



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their children received, or whether they truly did not receive these vaccines, cannot be determined.

□We need to make mothers continue believing in these services. We are trying, but funds are not adequate,□ Dr Kitambe said.

Arafa, a mother of two children, believes that it is the Government's responsibility to educate mothers. Other mothers expressed their faith in the Government, entrusting it with the authority to know what is best for their children.

Amy was aware of only two of the seven vaccines that Matiku should have received. However, she assumed that he may not have needed the other vaccines. She said the Government would know what her children needed.

Mama Maige, a mother of three, also had not heard anything about other vaccines beside the OPV 0 vaccine. She said, however, that the doctor is the one who knows best.

Mama Asha, who could only recall that her child received approximately three vaccines, said that her daughter may not have needed the other vaccines. She believes that people should not ask too many questions; the Government determines what is good for its citizens.

Dr Kitambe, however, encouraged parents, and people in general, to question the Government.

□They should understand and challenge the Government whenever necessary. She linked this □trust the Government□ mentality to Tanzania's socialist past.

□We believed whatever we were told. Decisions were made for us. Everything was owned by the Government, and all the leaders were perfect,□ she said. □Now we are moving away from that situation.□

Given the opportunity, Mama Asha would like the opportunity to learn more about her child's health care. However, she claimed that if a mother asks too many questions, the doctors and nurses may assume that she doesn't trust the Government. Therefore, she said, its best not to ask questions.

Arafa did not remember the vaccines that her son, Noeli, received, but she insisted that she is adamant about taking her son to the clinic. Still, she reiterated the complaint that doctors do not provide advice about immunizing their children.

She knows other parents who don't understand the importance of taking their children to the clinic because they are not taught to do so, or because the bus fare is too expensive.

Dr Kitambe admits that a lack of awareness is one of the challenges facing the EPI, but it is among several other challenges. Certain areas in Tanzania display resistance, chiefly Korogwe, and Kilindi, in the Tanga region, due to traditional beliefs. In other areas, clinics are located only at great distances, making it difficult for parents to reach them. Even storing the vaccines in areas without electricity can pose a challenge to the EPI.

In remote areas, the EPI attempts to reach children through outreach and mobile teams. These outreach services are temporary services that are provided to a specific place. During this time, a car with all the required vaccines and equipment moves to remote areas. According to Dr Kitambe, this occurs once or twice a month.

Since the introduction of the philosophy of decentralization by devolution, the EPI has also had difficulty controlling the amount of money spent on outreach programs in various districts.

Still, the EPI measures its success by monitoring coverage rates and the reduction of child mortality rates in relation to specific diseases. By these standards, Dr Kitambe said that the EPI has achieved measurable success. Yet raising awareness among parents remains a challenge that the EPI has not been able to find a concrete method of solving.

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