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PERCEPTIONS OF CATHOLIC CHURCH ON TETANUS VACCINE TO WOMEN IN KENYA

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ABSTRACT

Government of Kenya has been focusing on a mass tetanus vaccination campaign for past years. This targeted woman between 14 and 49 years with an aim of protecting babies from neonatal tetanus, a case of pregnant mothers. Before the March and October 2014 mass tetanus vaccination campaign, the Catholic Church raised concerns about the safety of the vaccine that was being used. Therefore, this study was about the perceptions of Catholic Church on tetanus vaccine to women in Kenya. The objectives of the study were to analyze the reasons as to why Catholic Church in Kenya reject tetanus vaccine, determine the impacts associated with tetanus vaccination to women and society at large, determine bodies and institutions that support and contribute to the vaccination program and finally to access the Kenyan government response concerning the views brought by the Catholic Church on tetanus vaccination to women. Most of data was collected from secondary source. The findings showed the main reason for Catholic Church rejecting the vaccination is because it was a population control scheme by the government, the vaccine was also viewed as important since it prevents neonatal tetanus in newborns, the main bodies and institutions that supported the programme included the WHO, UNICEF and Ministry of health. Finally, the government responded to this issue by forming a joint committee of experts to jointly test the vaccines. More public awareness was needed and should be done in case there is a such programme in future; key stakeholders from religious groups, private and public sectors need to be incorporated in decision making process and the government could have used a different provider for vaccines until the investigation got resolved.

Keywords: *Tetanus, vaccine, women, Catholic Church, WHO and Kenya.*

INTRODUCTION

Tetanus is a serious diseases caused by bacteria called *Clostridium tetani*. The disease causes painful tightening of the muscles usually all over the body. Several vaccines are used to prevent tetanus among children, adolescents, and adults including DTaP, Tdap, DT, and Td. Most cases occur in people who were never vaccinated against the condition or didn't complete the entire vaccination schedule (Nutman et al., 2004). People who inject illegal drugs are also at an increased risk. The tetanus vaccine was developed in 1927 and became available in the United States in the 1940s. Its use resulted in a 95% decrease in the rate of tetanus. It is on the World Health Organization's List of Essential Medicines, the most important medications needed in a basic health system (Hurwitz, and Morgenstern, 2000).

According to IDRC reports, January 1993 tetanus vaccine works by convincing a woman's body that all is unchanged when, in fact, an egg has been fertilized. After conception occurs, a woman produces a hormone called human chorionic gonadotropin (HCG) that helps to prepare the uterus for pregnancy. The prototype vaccine, made from HCG coupled to a biochemical carrier, neutralizes HCG by stimulating antibodies against the hormone. Without HCG, the embryo can't anchor in the uterus, making pregnancy impossible. The biochemical makes the HCG immunologically visible to women's immune system (Broder et al., 2010). Government of Kenya through the ministry of health has been focusing on a mass tetanus vaccination campaign for past years. This targeted women between 14 and 49 years with an aim of protecting babies from neonatal tetanus, a case of pregnant mothers. Before the March and October 2014 mass tetanus vaccination campaign, the Catholic Church raised concerns about the safety of the vaccine that was being used. This was informed by what had happened in Mexico, Nicaragua and Philippines where WHO/UNICEF had conducted similar campaigns using tetanus toxoid impregnated with beta HCG that causes production of antibodies against the natural HCG resulting in permanent infertility (CDC 2013). In October 2014, reports from the Kenyan Catholic Doctors Association sent shock waves around the world. They stated that 2-3 million girls and women of childbearing age had been vaccinated with tetanus vaccinations containing the anti-fertility hormone HCG, rendering them infertile (Catholic Herald). According to Elder, UNICEF spokesperson, the vaccine's manufacturer is Serum Institute India, the manufacturer "pre-qualified by WHO to manufacture and supply vaccines." A Kenyan regulatory body also "ensures registration and quality before use,".

Objectives

1. To analyze the reasons as to why Catholic Church in Kenya reject tetanus vaccine to women.
2. To determine impacts and challenges associated with tetanus vaccination to women and society.
3. To determine bodies and institutions that support and contribute to tetanus vaccination of women.
4. To access the Kenyan government response concerning the views brought by the Catholic Church on tetanus vaccination to women.

METHODOLOGY

The data was collected from secondary sources from books, magazines, journals, articles both published and unpublished. The report relies strongly from the Kenya ministry of health documentaries, Kenyan Catholic Bishop and Kenyan Catholic Doctors Association reports.

RESULTS

Reasons for Rejection

Report by Dr. Ngare a member of the Kenyan Catholic Doctors Association. "The Catholic Church as the name suggests has a foot print worldwide. When WHO conducted its first purported neonatal tetanus eradication vaccination campaigns in South America using a fertility regulating vaccine, the population most affected were Catholics. The Church has a strong institutional memory. In March 2014, we heard of a neonatal tetanus campaign that was started in October the year before. All major health campaigns are usually widely advertised and launched with much pomp and color in public. This particular campaign was very secretive and a majority of Kenyans, including health personnel do not know about it even today! This is what is causing the confusion when the Church states that the tetanus injection used in the vaccination campaign is unsafe but the routine vaccine is safe! There was a claim also that the tetanus immunization program run by WHO and UNICEF was a population control scheme.

The evidence Catholic Church gave was that the vaccine had beta-HCG in amounts sufficient to prevent conception (Kenyan Catholic Bishop Report). They considered tetanus vaccine unnecessarily since no "tetanus crisis in Kenya" had been declared. There was an argument also that the neonatal tetanus vaccine, which is normally given to women of reproductive age, was being given to women in five doses, rather than the usual two or three doses. This according to the Catholic Church leaders was really a plan to make women sterile hence a way of reducing population (Grabenstein, 2013). They also argued that there was no way the vaccine was offered mainly to women aged between 14 and 49 years leaving

out girls below 14 years, boys and men and why the tetanus was prioritized over other illnesses affecting people in Kenya (Vernon, 2003).

Impacts and Challenges of Tetanus Vaccination

According to UNICEF's Chief of communications for East Africa, the main aim of tetanus vaccination campaign was to prevent neonatal tetanus in newborns that are the most vulnerable and bear the highest burden of tetanus diseases. Vaccinating girls and women of child bearing age 14-49 years accords protection to the women even if they deliver at home in unhygienic conditions (Clements and Griffiths, 2002). Boycotting the vaccination led to death of 550 Kenyan babies in the year 2013 (BBC NEWS through the Kenya ministry of health) brought conflicts between the Kenyan government through the ministry of health and also the Kenyan Catholic fraternity. The programme also faced some challenges which included:

Inadequate access: Prevailing complex humanitarian emergencies, compounded by the lack of physical access and increased insecurity make it difficult for health workers to reach populations, especially women and children, with health services, including tetanus toxoid-containing vaccines.

Socio-demographic and cultural barriers for Tetanus vaccines: Women's status in the society and local culture play an important role in accessing reproductive health services, which results in a lack of uptake of tetanus vaccine, as the service is provided through antenatal care and immunization platforms. In some societies, women's lack of decision-making power coupled with cultural barriers is hindrances to availing themselves of maternal health services. The situation is made worse, because of socio-cultural practices, women often are not allowed to visit health centers or access services if these are provided by male health workers. Similarly, a study in India shows that poor women and women belonging to lower castes of society are less likely to receive antenatal care including, tetanus vaccines (Larson, 2014).

Funding constraints: Although Kenya have developed plans to eliminate maternal and neonatal tetanus, implementation of such plans is often delayed for lack of sufficient, predictable, and timely funding from external and/or domestic sources (World Health Organization 2008).

Competing Priorities and Political Will

MNT cases mostly occur in remote areas that lack vital registration systems or community surveillance, resulting in cases and deaths not being systematically reported. As tetanus is no communicable, outbreaks are rare and limited. The ensuing misperception leads to governments and donors giving a low level of priority to the disease in favour of other visible priorities and diseases.

The AFIX Approach

A	Assessment	Evaluation of medical records to ascertain the immunization rate for a defined group
F	Feedback	Provide reports concerning the outcome. Feedback creates the awareness necessary for behavior change.
I	Incentives	Provide opportunities for partnership and collaboration and vary by provider and stage of progress
X	Exchange information	Allows access to more experience, share of information between providers to increase performance

SOURCE: Centers for Disease Control and Prevention Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition

Bodies Supporting Tetanus Vaccination

World Health Organization (WHO), United Nations, and United Nations Children's Emergency Fund (UNICEF) sponsored the large-scale tetanus immunization program carried out in Kenya in the year 2014. Ministry of health in Kenya fully supported this exercise and after much criticism from the Catholic Church, they presented tests conducted at the National Quality Control Laboratory that gave the vaccine a clean bill of health (Daily Nation, Monday May 16 2016). The supporters and providers of tetanus vaccination use AFIX Approach as a strategy for effective immunization and its outcome

Government Response

After ensuing public outcry and confusion, Kenya's government through the Ministry of Health and the Catholic Church formed a joint committee of experts to jointly test the vaccines. The Catholic Church resubmitted their nine vials and the ministry had 50 such vials which they acquired as new samples from the field and central store.

Laboratory Tests and Results

A private Kenyan laboratory, AgriQ Kenya was used to test the 59 samples (50 from the Ministry of Health, and 9 from the Catholic Church) with a method called High Performance Liquid Chromatography. High Performance Liquid Chromatography separates components of a given mixture using a pressurized liquid solvent and is commonly used to test hormones, poisons, and pesticides.

Suggested communication approaches for tetanus vaccine hesitant and refusing parents

Vaccine hesitant or delaying parents	Refusing parents
• Spend adequate time with child and parent • Ask permission to discuss concerns • Carefully elicit concerns and try to address each one specifically • Accept concerns and try not to minimize or dismiss them • Use a guiding style • Discuss disease and vaccine risks as well as vaccine benefits • Communicate risks with words and numbers or even simple graphics • Support discussions with downloadable resources • Avoid overwhelming detailed scientific info • Offer another appointment if needed or attendance at a specialist immunization clinic	• Ask permission to discuss • Aim to keep discussion brief but leaving the door open • Check importance of vaccines and confidence • Don't dismiss concerns – acknowledge • Don't overstate vaccine safety • Challenging firmly held philosophical, religious or scientific beliefs unhelpful • Avoid overt confrontation and scientific ping pong • Provide links to resources if wanted • Explore receptivity to a tailored schedule to get them started – explain the risks • Offer another appointment when ready or attendance at a specialist immunization clinic

Source: Australian Family physician

Of the 59 samples tested, 56 returned clean; the same 3 vials which had tested positive for Beta HCG previously, returned positive again (Population Research Institute report). Although the presence of Beta HCG in the three vials was undisputed, officials on both sides were concerned about how the Beta HCG made its way into neonatal tetanus vaccines (Mathers et al., 2012). After the testing at the Kenyan laboratory, the director of Medical Services, Nicholas Muragrui endorsed the tetanus programme, saying, "the immunization campaign in Kenya is safe and the tetanus campaign should continue." The Chairman of the Kenya Conference of Catholic Bishops, John Cardinal Njue, issued a statement saying, "the vaccines used for the mass tetanus vaccination campaigns in March and October 2014 contained some vials laced with Beta HCG (Ottensmeier et al., 2009). It is worth noting that only the Catholic Church had collected samples during the actual March and October 2014 tetanus vaccination campaigns. "The statement of the Kenya conference of catholic bishops concluded by saying, "We insist that no further mass tetanus vaccination campaigns should be undertaken in Kenya before the vaccines have been appropriately tested and proven to be safe." The above statements made the public more confused and go in dilemma on which route to follow.

CONCLUSION

Progress toward maternal and neonatal tetanus elimination has been the result of a combination of strategies, both long- and short-term. However, a handful of countries, including countries with acute

or chronic humanitarian crises or with sociocultural barriers, are still to achieve the goal. The international community has a shared responsibility in helping to achieve and sustain this global goal. With more countries achieving maternal and neonatal tetanus elimination, efforts to sustain the achievement become ever more important. Such efforts will not only affect the incidence of MNT, but have the potential to reduce tetanus in the whole population, as well as other maternal and newborn infections. Despite the challenges and criticism faced by the Kenyan government, it has played a key role in ensuring wellbeing of both the child and mother across the nation.

RECOMMENDATIONS

1. More public awareness including health education was needed
2. There was a need to incorporate key stakeholders from religious groups, private and public sectors
3. Considering that three of the vials were confirmed by two labs to contain a sterilizing agent in the supposedly simple neonatal tetanus shot, Kenya could have used a different provider for vaccines until the investigation get resolved.
4. Quality assurance mechanisms on public health should be applied at all times.

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