





437 N 34th Street Seattle, WA 98103 USA

www.path.org

© 2025 PATH. All rights reserved.

Published December 2025

Contents

Executive summary	1
Expanding immunization perspectives	2
Overview of the Expanding Immunization Perspectives Tool	2
Introducing the tool	3
Facilitating the group discussion about immunization perspectives	4
Additional facilitation resources	6
Summary	10
Appendix: Tool statements and supporting	11

Executive summary

The Expanding Immunization Perspectives Tool is an online tool that aims to reinforce communication between health care workers (HCWs) and caregivers, by asking HCWs to reflect on their own personal attitudes and beliefs about **child caregivers (i.e., parents or other relatives of the child)** and **caregivers' decision-making about child immunization**.

By encouraging HCWs to think critically about their own personal potential biases, this tool provides an opportunity for HCWs to consider how they conduct their work and engage with caregivers. Based on topics raised and subsequent discussions about possible biases, HCWs may be able to alter how they work to further strengthen their interactions with caregivers.

The Expanding Immunization Perspectives Tool is an online form that HCWs can access on a computer or on mobile phones. HCWs use the tool individually to reflect on their own personal beliefs and attitudes about caregivers and caregivers' decisions about child immunization. However, the biggest impact comes when HCWs then come together for a group discussion about the themes and questions that the tool raises. This discussion will be most impactful when supported by a facilitator who can help guide the discussion and ask prompting questions.

It is intended that the tool be used flexibly to fit the needs and context where it is used, and this includes different possibilities for identifying a facilitator. A facilitator could be a health care manager who leads teams of HCWs providing immunization services and who can share the tool and facilitate a discussion as part of a team meeting. In this case, the facilitator would likely already be familiar with the HCWs and the geographic and social context of the communities where they work. Another possibility could be to use this tool and the discussion as part of a broader HCW training on child immunization. If a trainer is hired to lead the broader training, they could integrate the tool and discussion as part of the training plan. In this case, the trainer would likely have experience in facilitating group discussions and be able to adapt general facilitation skills to this specific topic and the context. These are just two examples, and there could be other ways to use the Expanding Immunization Perspectives Tool that work well in different contexts.

With this in mind, this document provides guidance to trainers, health worker team managers, and others to use the Expanding Immunizations Perspectives Tool as a way to support HCWs to think about their own personal perspectives, and to have a group discussion about their interactions with caregivers around child immunization.

Expanding immunization perspectives

All of us have beliefs, attitudes, and opinions about the people, places, and things around us and our own roles and interactions with others. Sometimes our beliefs are not based on fact and may actually be incorrect. Sometimes our attitudes are biased. This means attitudes that are based on stereotypes we believe in, often unconsciously, and that can affect the way we interact with others.

Why is it useful for HCWs to explore their own personal beliefs and attitudes about caregivers in the context of child immunization?

HCWs have a lot to do—everywhere. HCWs attend to the needs of many children and adults every day. They also have paperwork, supplies management, staff meetings, travel for outreaches, commutes to and from the health facilities, and many things to think about. Sometimes there isn't enough time to think about these questions, but for the reasons already mentioned, it can be useful for HCWs and vaccinators to explore their own personal perspectives because, like everyone, HCWs can have biased beliefs, attitudes, and opinions.

This is important because HCWs directly interact with caregivers regarding immunization acceptance and decision-making. Effective communication with caregivers that is free from bias or preconceived ideas about who caregivers are and what caregivers think or believe is critical to HCWs being able to provide caregivers with the information and support they need to bring their children for immunization against serious illnesses.

Overview of the Expanding Immunization Perspectives Tool

The structure of the tool

The Expanding Immunization Perspectives Tool is an online tool that is designed for HCWs to use individually. In the following description, the term "user" refers to the HCW using the tool.

The tool includes a series of statements about how mothers and fathers might think about immunization, the characteristics of caregivers (such as age, sex, education level, and socioeconomic status) and beliefs about how those characteristics might impact the likelihood of their children being vaccinated, who in the family should decide about childhood immunization, who has responsibility for ensuring children get vaccinated, and related topics, as well as beliefs about what HCWs can do to help families prioritize child immunization.

The questions are meant to be answered in approximately 15 minutes, although some users may take longer. It is found in an online form (here). Each statement has four response categories to describe how the user feels about each statement: strongly agree, somewhat agree, somewhat disagree, and strongly disagree. There is also a category for no opinion. The user should choose the response that best represents what they personally think about the statements, not what they think others in their community think.

This is <u>not</u> a knowledge quiz and there are no "correct" answers. The responses are intended to help a user to reflect on their perceptions and opinions and how their personal feelings and impressions about a topic might impact their interactions with caregivers.

After the user marks their response to each statement, a brief text appears providing suggestions to think further about the topic addressed. There are also questions for further reflection that encourage the user to think about positive and encouraging interactions with caregivers. At the end of the tool, there is also a

summary of some key points that can be helpful for users to keep in mind as they think about their interactions with caregivers in the context of child immunization services.

Planning a group session for using the tool

HCWs will get the most benefit from this exercise by participating in a facilitated group discussion about their perspectives. A one-hour session (minimum) should be planned for a facilitated discussion, including time to use the tool (15 minutes on average) and time for discussion (45 minutes). However, a two-hour session to more fully explore HCW perspectives may be ideal. This allows more time to provide users with a longer overview of the session and discuss in greater depth any questions they may have before or during their use of the tool, as well more discussion time as a group. HCWs should use the tool at the very beginning of the session so that the facilitator can provide an overview before using the tool, and so that the HCWs can most easily remember the content of the tool, and their responses, when the group discussion starts.

The tool can be offered to HCWs by providing the link to the group. It should be clearly communicated that using the tool is voluntary. Again, although times may vary, it is likely that the HCWs will need about 15 minutes to respond to the statements. Some users might finish in 10 minutes, while others may take 20 minutes.

The points below can help guide logistics planning for the session. Additional guidance on introducing the conceptual aspects of the tool to HCWs, and guiding a discussion, is provided in section III of this document ("Introducing the tool").

- Who is the facilitator: The facilitator can be a trainer who has experience facilitating group discussions. In that case, it may be helpful (but not always necessary) if the facilitator has experience working with HCWs and/or some familiarity with child immunization and/or some familiarity with gender barriers to child immunization. The facilitator could also be a health care manager or team leader who leads a team of HCWs providing child immunization. In that case, it may be helpful (but not always necessary) if the health care manager has facilitation skills.
- Who are the participants: All HCWs who use the tool should be invited to the discussion. The
 discussion should be voluntary. Depending on how the session is planned, the participants may
 already know each other, and in other cases they might benefit from an icebreaker exercise that
 helps them to feel comfortable with each other.
- When to have the discussion: The discussion should happen right after the group has used the
 tool. This is important because it will be easier for them to remember the statements, and their
 reactions and thoughts about the statements, than if the discussion is delayed.
- Length of the discussion: The length of a meaningful discussion can vary from group to group. Some groups may have participants who are generally quiet, while others may have participants who are more talkative. Larger groups of participants may need more time to ensure that everyone who wishes to speak has a chance to do so. The facilitator should also use their previous experience and any familiarity with the group to plan the exact length of the discussion. In a two-hour session, a discussion of one and a half hours should give HCWs enough time to explore a variety of themes and to collectively think about ways to further strengthen interactions with caregivers. If a session of this length is not possible, a shorter discussion should still be useful, but it is advised that it should be at least 45 minutes.

Introducing the tool

You should start the session by introducing the topic of immunization perspectives with an emphasis on communication between health care providers and caregivers. The text under section I of this document ("Expanding immunization perspectives") can be a useful starting point.

Since the tool asks participants to reflect on their personal beliefs and perceptions, it can be helpful to include the following points when introducing the tool:

- Everyone, including HCWs, has thoughts, concerns, and perspectives about childhood immunization. These perspectives can form attitudes, stereotypes, and opinions. Sometimes we are aware of our attitudes, stereotypes, and opinions. Sometimes we are not aware of them.
 Whether we are aware of them or not, our attitudes and opinions can impact how we understand a situation, how we interact with other people, and how we make decisions.
- Consciously or unconsciously, HCWs also have thoughts, concerns, and perspectives about caregivers' understanding and decision-making about child immunization.
- Sometimes, a HCW's own ideas and beliefs about caregivers might consciously or unconsciously influence communications and impact interactions with them on this topic.

Describe the structure of the tool:

- This is an online tool that takes about 15 minutes to complete, although it is also okay if it takes longer. It consists of a limited number of statements about child caregivers regarding their understanding about immunization.
- It is important to emphasize that the tool is intended to raise one's awareness about one's own beliefs. For this reason, participants should respond to the statements in the tool based on their own personal beliefs and perspectives and not what they think others in their community believe. As well, the tool is not meant to create a negative judgment about oneself or others.
- Using the tool is voluntary. No one should feel obliged to use the tool. Anyone who chooses to use the tool will have the opportunity to discuss the topics covered during a brief group discussion afterward. The group discussion is also voluntary.
- The tool does not ask for the name of the individual using it and the responses are not shared or analyzed. However, it is necessary to provide an email address where the user will receive a copy of their responses.

Describe the discussion session:

- It will be helpful for the HCWs to know that there will be a discussion session after the tool and that it will focus on the content of the tool. Let them know how long the discussion will be and ask them to keep in mind any key points that they would like to be part of the discussion.
- Anyone who decides to join the group discussion will be asked to keep the content of the discussion confidential.
- Describe key points of the discussion session by referring to the points below "Address the
 purpose and format of the discussion" (see section IV) and by adding any other logistics points
 that you think are important.

Facilitating the group discussion about immunization perspectives

The Expanding Immunization Perspectives Tool is designed as a starting point in thinking more consciously about how HCWs' interactions with caregivers may be influenced by personal perceptions about caregivers and child immunization. Different individuals may have different reactions and experiences using the tool and thinking about this topic. General guidance, tips, and ideas for facilitating a group discussion are provided below.

General facilitation tips

In facilitating a positive group discussion on immunization perspectives, it can be helpful to keep in mind the following general facilitation tips, adding any other points that may be useful in the context.

Address the purpose and format of the discussion

- The purpose of the discussion is to reflect together and share thoughts about the themes included in the Expanding Immunization Perspectives Tool.
- Reiterate that participation is voluntary and that no one should feel obliged to discuss or share
 their reactions or thoughts or describe how they answered specific questions. It is up to each
 participant what they wish to share or discuss, if anything.
- The group discussion will last 45 minutes or more depending on how long the planners have scheduled for the training or meeting where the discussion is taking place).
- Since this is not a research activity, there will be no formal notetaking or summary of the discussion.

Create an inviting atmosphere and discuss ground rules

- In case the participants do not already know each other, ask each of them to introduce themselves to the group and to provide a brief description of their work in child immunization services. It can also be helpful to include an icebreaker before getting into the details of the discussion. Some icebreakers work better in some settings than others, and you can use any icebreakers you've found to be successful in the past. If you have never used an icebreaker but you think it could be helpful, there are simple exercises such as "two truths and a lie" or "rose, thorn, bud" with descriptions that can easily be found in internet resources.
- Remind participants that we all have views and perspectives that are influenced by our personal beliefs and understanding of the communities where we work. Sometimes this can influence interactions with caregivers during immunization services, for example in deciding with whom and how to focus our attention, the types of questions we ask, or don't ask, caregivers, etc.
- Ensure that participants know it will be a respectful discussion and that the purpose is not to debate or judge each other. All observations as well as ideas for improvement, if needed, should be heard. There is no "correct" response or no perspective or shared thought that is "wrong."
- Ensure that everyone who wants to speak has a chance to speak.
- Request that the conversation be kept confidential. Although the topic itself is not highly
 controversial, some aspects could be sensitive in the context, and participants will be able to
 share most freely if they know confidentiality will be observed.
- Invite participants to add any other ground rules.

Facilitating the discussion

Keeping in mind that this is a relatively brief discussion, it will be helpful to maximize the discussion time **as a starting point** for individuals to think about how they perceive caregivers in the context of child immunization using some basic group facilitation principles. This session is exploratory, and not a training session where participants "pass" or are "done" with the topic when the session is over.

Keep the discussion flowing: Some participants may be eager and willing to discuss; others may
be listeners and speak less frequently. Invite participants to speak according to the agreed-upon
ground rules. If one of the participants starts to dominate the discussion, find a way to respectfully
help that participant wrap up their thoughts and move on to the next person who wishes to speak.

- Promote a candid discussion: It is important that the tone of the discussion is open and honest so
 that participants are comfortable sharing their thoughts. This is directly related to ensuring that
 the participants know that the discussion is to be both confidential and respectful.
- Introduce new directions if needed: If the discussion seems stuck on one topic, use some of the suggested discussion questions below to explore additional areas.
- Help participants explore their thinking on a topic: If a participant's comments are unclear or very brief, and there seems to be more they are thinking about, invite further reflections by asking, "Is there anything else you'd like to share?" or "Can you say more?"
- Use prompting questions when needed: To help the discussion evolve, it can help to ask prompting questions after someone shares a thought. For example, the facilitator could ask:
 - What do others think about that statement/perspective/thought?
 - o Does anyone agree with what [that person] said? Has that happened to anyone else?
 - Say more about that? Can you elaborate?
- Remember that this is a chance for the participants to reflect: The facilitator should refrain from
 focusing on what they think is the most appropriate perspective. Rather, the facilitator should
 remain neutral about their own thoughts and instead encourage participants to share their
 thinking and reflections, and ask them how thinking about this might help them in their
 communications with caregivers.
- When ending the session, it can be helpful to remind participants that this is an exploratory
 exercise and no one is "passing" or "done" with the topic as with a training session. Thinking
 about these issues can be seen as part of a self-reflection and learning process. Participants can
 and should continue to think about the discussion and adjust their communications with
 caregivers in ways that can be beneficial to service quality and the goal of supporting child
 immunization.
- The group participants might be very interested in learning more about how they can adjust their interactions with caregivers in ways that support child immunization. It can be useful to put together additional materials if you think the health workers will be interested to learn more.

Additional facilitation resources

In case additional general facilitation tips and guidance could be useful, please explore some of the following resources available online for additional ideas:

Resource	Publication information	Source	Notes
Facilitating Group Discussions	Brown University. The Harriet W. Sheridan Center for Teaching and Learning. Facilitating Effective Group Discussions	https://sheridan.brown.edu /resources/classroom- practices/discussions- seminars/facilitating- effective-group- discussions	Points 1-5 under sub- section "Encouraging Participants" are especially relevant
Top Facilitation Tips: Practical Examples to Help Improve Your Facilitation Skills	Maliasili. Top Facilitation Tips: Practical Examples to Help Improve Your Facilitation Skills	https://www.maliasili.org/re ader/2023/3/top- facilitation-tips	

Resource	Publication information	Source	Notes
Teach Primary: Helping Countries to Measure Effective Teaching Practices	World Bank Group. Teach Primary. Discussion and Facilitation Techniques	https://www.worldbank.org/ en/topic/education/brief/tea ch-helping-countries-track- and-improve-teaching- quality	Pages 3–5 (Facilitating conversations) are especially relevant.
Immunization Academy	IA Watch. What to Say to Caregivers During an Immunization	https://watch.immunization academy.com/en/videos/1 29	
Immunization Academy	IA Watch. Encouraging Fathers' Participation in Immunization	https://watch.immunization academy.com/en/videos/8 78	
Strengthening Confidence in Vaccines, Demand for Immunization and Addressing Vaccine Hesitancy	Geneva: UNICEF Regional Office for Europe and Central Asia; 2022	https://www.unicef.org/eca/media/35331/file/Guide%2 Ofor%20health%20workers %20on%20strengthening %20confidence%20in%20 vaccines.pdf	
Interpersonal Communication for Immunization Training for Front Line Workers	UNICEF Regional Office for Europe and Central Asia; 2019	https://www.unicef.org/eca/ media/8576/file/interperso nal-communication- participant.pdf	
Communicating About Vaccination With Caregivers and Patients: Facilitator Guide	WHO Regional Office for Europe; 2025	https://www.who.int/europe /publications/i/item/WHO- EURO-2025-8926-48698- 76066.	

Possible general discussion questions

Below are some possible discussion questions that may help generate an interesting and useful dialogue. The group dynamics and interests in specific topics will determine what kinds of questions could be most helpful, and therefore these questions should be used flexibly. The facilitator does not need to try to cover all of these questions in a discussion. The facilitator might determine that other questions would be even more useful, or that reviewing portions of the tool or using a case study would be more helpful. It is the facilitator's knowledge about the setting and the health worker group that can guide the best approach.

Possible introductory discussion questions

Different groups have different dynamics. Some groups are ready to discuss issues straight away, while for other groups it may take a few minutes to get the conversation going. It might can be helpful to open up the discussion with some broad "introductory" questions. These are questions that help to initiate the discussion and get a conversation started:

What, if anything, surprised you about the statement in the tool?

- Is there anything you're thinking about differently after going through the questions?
- Are there ways you might change your interactions with caregivers after going through the questions?

Possible discussion questions about perceptions

- Did any of the statements surprise you or make you think about anything in a different way? If so, which statements? What was surprising or interesting about them?
- Should the responsibilities for childcare in general be divided equally between mothers and fathers? What about for child immunization specifically? Why or why not?
- How can a health facility reduce barriers for mothers to access child immunization services? What about ways to reduce barriers for fathers?

Possible discussion questions about communicating with caregivers

- In general, do you think the way that HCWs engage with caregivers about immunization makes it
 equally accessible and welcoming for both mothers and fathers? Does it matter if the caregiver is
 young or older?
- How much does the caregiver's socioeconomic background influence how an HCW interacts with them? Will the caregiver think or want the same for their child regarding immunization regardless of their socioeconomic situation? What are the potential results (both positive and negative) of HCWs thinking about this when it comes to communicating with the caregiver about child immunization?
- How does a caregiver's age influence how an HCW interacts with them? Will a caregiver's age influence their beliefs regarding immunization? In what way can you engage with caregivers about immunization regardless of their age that is welcoming and respectful?

Using statements in the tool to facilitate discussions

Some groups may be eager to discuss topics in specific statements in the tool. There may be statements that raise strong reactions or curiosity and interest in discussing in more details. It's also possible that a facilitator will already be aware of certain themes in the tool that are especially relevant in the setting. Although it would likely be difficult to discuss all 12 tool statements in one discussion meeting, it's possible to use a limited number of tool statements as the basis for the discussion either on their own, or in combination with some of the broad questions above or a case study (further explained below). The list of statements (and supportive text and reflection questions) are provided in the appendix to this document for easy reference. Again, it is not necessary to address all 12 statements in the group discussion. Based on your knowledge of the context, you can chose three or four of the statements, and the corresponding reflection questions provided in the tool, to explore the most relevant statements with the group.

Using a case study approach to facilitate discussions

Another possibility for facilitating a helpful discussion is to use a case study approach. This could be especially useful if the group discussion is slow in getting started or HCWs appear reluctant to speak about their own personal perspectives in a group setting. In the following case study, an illustrative situation involving a young mother and her interactions with immunization services is used to demonstrate how an immunization HCW's attitudes toward the mother affected the HCW's behavior and communication approach, resulting in lost opportunities to support the mother in the child's immunization journey. This type of scenario can be adjusted to best fit the local context. After using the tool, the HCW started to recognize the unconscious bias that was contributing to the situation. The facilitator can use the notes below to tell the story of the young mother and help the group to analyze the situation by probing their thoughts about the issues and the ways in which they are connected. By realizing their own biases, the HCW can change, leading to a more positive outcome for the mother and child.

Case study: "Young Mother"

Context

Ms. Huong is a 21-year-old mother living in a disadvantaged area, bringing her 4-month-old daughter to the commune health station for vaccination. She was dressed simply, did not carry many documents, spoke with a local accent, and seemed confused when meeting medical staff.

The health worker who is in charge of vaccination feels impatient. In her mind, she thinks:

"Another young mother with little knowledge, probably doesn't understand anything about vaccination. Let's do it quickly."

The health worker's communication behavior wasn't helpful.

- The health worker did not ask any further questions about the child's vaccination history or explain the type of vaccine to be administered.
- The health worker used a short, cold tone when answering Ms. Huong's questions.
- The health worker ended the vaccination session without providing any further advice.

Consequences

Ms. Huong left the health station in a confused state and was unsure where and when to take her child next. Based on this experience, she decided not to return on time for the next vaccination.

We can think about the interaction between the HCW and Ms. Huong, and how an interaction like this can lead to consequences that don't support child immunization.

Analysis

What are aspects of the caregiver that influenced the HCW's attitudes?	What types of unconscious judgment or bias did the HCW have?	What were the HCW's behaviors that were affected by biased attitudes?	What consequences did the HCW's attitudes and behaviors have?
Age of the caregiver	Children are ignorant.	Minimal communication, lack of consultation	Lost opportunity to improve knowledge
Socioeconomic	Simple clothes → low rating	Loack of respect, no specific questions	Carer feels undervalued
Gender expectations	"Mothers are the ones who should know"	Not checking for family support	No access to other support from father / family

Improvement (after using the tool)

The HCWs used the Expanding Immunization Perspectives Tool and participated in a group discussion. After doing this, the HCW realized that:

- She had judged the caregiver based on appearance and age.
- The lack of open communication left the caregiver feeling unsupported.

Next time, the HCWs took the initiative to:

- Ask about vaccinations history and family support.
- Spend a few more minutes explaining the vaccine and asking if the caregiver had any questions.
- Smile and end the visit by giving the caregiver the next vaccination appointment.

Result: The caregiver felt more welcome and reassured and returned on schedule.

Summary

Effective communication with caregivers that is free from bias or preconceived ideas about who caregivers are and what caregivers think or believe, is critical to health workers being able to provide caregivers with the information and support they need to bring their children for immunization. The Expanding Immunization Perspectives Tool with facilitated discussion can be used to support health care workers to individually and collectively reflect on beliefs, attitudes and opinions about caregivers and caregivers' decisions about child immunization, and strengthen their interactions with caregivers to support immunization.

Appendix: Tool statements and supporting text

The Expanding Immunization Perspectives Tool is an online format tool that can be accessed here.

In this tool, the user is asked to respond to 12 statements designed to encourage thinking about the user's own perceptions about how mothers and fathers think about immunization, the characteristics of caregivers (e.g., age, sex, education level, and socioeconomic status) and beliefs about how those characteristics might impact the likelihood of their being vaccinated, who in the family should decide about childhood immunization, who has responsibility for ensuring children get vaccinated, and related topics, as well as beliefs about what HCWs can do to help families prioritize child immunization.

The user responds to each statement by clicking on a box to indicate whether they strongly agree, somewhat agree, somewhat disagree, strongly disagree, or have no opinion regarding the statement. As noted in the form, the user should indicate only one answer. The form is designed so that a response to each statement is mandatory and it is not possible to skip ahead to the next statement without providing a response. After providing a response and clicking on the "Next" button, the user will see that a brief text in response to the statement appears. This text encourages the user to think about the statement to which they just responded. There are questions that prompt the user to reflect on the topic and how they can incorporate a supportive approach when interacting with caregivers.

The statements and supporting text are listed below.

Statement 1

It's natural for mothers to be more concerned about their children's health compared with fathers.

Supportive text & reflection questions:

In many cultures, society makes mothers responsible for children's health. Fathers may feel it is not their role to be engaged in child immunization. However, fathers are usually just as concerned about the health of their children as mothers. It's important that HCWs engage with both fathers and mothers.

 Can you identify ways to share information about child immunization with both fathers and mothers?

Statement 2

Young caregivers are less knowledgeable about child immunization than older parents because young caregivers are not really prepared to have children.

Supportive text & reflection questions:

Although it's true that young parents might be learning a lot of new things, they have different levels of preparation based on many factors. Some may know a lot about immunization and others may know less. It's important that HCWs try to understand the needs of young caregivers as individuals and provide information and support according to their needs.

- What are some supportive ways you can ask young caregivers what they know about immunization?
- How do you speak with young caregivers to ensure they are comfortable asking questions and receive the information they need for their children?

Statement 3

Most mothers who are late in bringing their children for immunization have forgotten due to carelessness.

Supportive text & reflection questions:

There can be many reasons why a mother is late bringing her child for immunization. She might have difficulty finding transportation, she might not be able to get time off if she works outside the home, or she might not have the support of the child's father in finding a way to bring the child for vaccination in general.

- In your community, what are some of the reasons that might prevent a mother from reaching immunization services on time?
- Can you help identify solutions that help reduce these types of challenges?
- In what ways can you ensure mothers—and fathers—feel welcome to bring their child for vaccinations regardless of the schedule or delay?

Statement 4

It's fine if fathers don't understand the details about child immunization because mothers are supposed to take care of this.

Supportive text & reflection questions:

Fathers might feel that knowing the details about their children's immunizations isn't their role, but the more fathers know about it, the more they can help make sure their child gets immunized. It's important that fathers are included in their children's health care updates and information sharing.

- Are you in a position to reach out to fathers and ensure they have information about child immunization?
- How can you help your colleagues to think about this?

Statement 5

Women are better suited than men to take care of the household, including children; men can't ever really be good at it.

Supportive text & reflection questions:

Men are very capable of cooking, cleaning, caring for children, and doing other household work. However, they are often discouraged against housework or given alternative opportunities within their families and are never taught what to do. Instead, women are expected to do all or most of the domestic work in many societies. This has more to do with social beliefs than actual abilities.

- Have you ever discouraged a boy or man from doing domestic work, or seen others do so?
 - If so, what message does this send to the boy/man and others in the household, including women and girls?
 - o Is this helpful or harmful?

Statement 6

It's a bit strange for a father to take his child to the health clinic for immunization services.

Supportive text & reflection questions:

Fathers and children can be as attached as mothers and children, and research shows that fathers' involvement in child health issues has a positive impact on children's health outcomes.

• Do you think fathers feel welcomed if they bring their children for immunization services at the health facility where you work?

 What can you say to a father who brings his child to the health facility that will be encouraging and supportive to him?

Statement 7

It's not so important to talk with fathers about child immunization because mothers are the ones who should manage their children's health.

Supportive text & reflection questions:

When a health care worker focuses only on the mother, it can reinforce the idea that mothers have primary responsibility for the child's health rather than sharing responsibilities. This can contribute to social beliefs that place an unequal burden on women. By also speaking with the child's father, you show that you believe the father should also be interested and involved in the child's health.

- Have you ever spoken with a father about his child's immunization status or about child immunization in general? Do you ever feel discouraged from speaking with fathers?
- How do you think talking with fathers might help increase child immunization?
- What can you and colleagues do to help ensure balanced communications about immunization with both fathers and mothers?

Statement 8

When talking with a caregiver whose child has missed immunizations, it's important for an HCW to determine if the caregiver is not solely responsible for decision-making and ask who in the family usually makes decisions about the children's health care.

Supportive text & reflection questions:

Caregivers' decision-making processes about child immunization are not always simple. In some families, it is enough if one parent decides and there is little discussion with the other parent. In other cases, a child's parents may disagree with each other, or perhaps one of the child's grandparents may need to be consulted. If a child is missing immunizations, it can be very helpful for a health worker to know who is making decisions about the child's health, whether there is opposition to immunization within the family, and what concerns or questions the health worker can address to help encourage child immunization.

- If a child who comes to the health facility is missing immunizations, do you ever ask the caregiver about how decisions about the child's health, including which vaccinations the child will receive, are being made?
- How could this information help you to encourage caregivers in their decisions about child immunization?
- How can you connect with caregivers to understand their challenges with seeking vaccinations or health care for their child?

Statement 9

A caregiver with low socioeconomic status is most likely to be distrustful of immunization because they don't have enough education to understand how it works.

Supportive text & reflection questions:

There is a lot of variation in the relationship between caregivers' socioeconomic status, education, and decision-making about childhood immunization. Rather than making assumptions, it's important for HCWs to focus on the needs and experiences of the specific children and caregivers they meet, learn about their concerns, and provide clear information about immunizations in a way that helps address their concerns.

- How do you find out about the lives of the caregivers who seem most distrustful of child immunizations?
- Have you found yourself making assumptions about caregivers' abilities to understand immunization information?
- What can you do to ensure that the information you provide is understandable regardless of a caregiver's education level or socioeconomic status?

Statement 10

It's better for women HCWs to provide immunization services because caregivers trust them more than men HCWs when they have questions about child immunization.

Supportive text & reflection questions:

Although caregivers' feelings about this question may vary according to the social context of different locations, many caregivers say that it doesn't matter to them whether the HCW providing child immunization is a woman or a man.

- Do you think that caregivers in the communities where you work have strong beliefs about the trustworthiness of HCWs depending on whether it is a woman or a man providing the child immunization services?
 - o If so, how have you seen this expressed? Do you think this is important, and how do you address this type of caregiver concern?

Statement 11

If a mother can't find transportation to bring her child for immunization, it's her problem to solve; if she really cares enough about her child's health, she will figure out what to do.

Supportive text & reflection questions:

In many communities, women in general face challenges accessing transportation, including when they want to bring a child to the health facility. This may be because a woman doesn't have a driving license, or because the family doesn't have enough money to pay for a taxi or other transportation, or because public transportation is unsafe. There could be many reasons why a mother faces transportation barriers.

- How do you know if any mothers in the communities where you work face transportation barriers?
 - o If you are unsure, who could you ask about this?
- What kinds of solutions could there be to support access to child immunization services where transportation is a challenge?

Statement 12

Older mothers are not as accepting of new immunizations as younger mothers.

Supportive text & reflection questions:

The age of a caregiver doesn't necessarily determine what they will think about a specific child vaccine or child immunization in general. It's important that HCWs not make assumptions about what a caregiver will think based on their age. Instead, it's important to ask caregivers what they already know, provide them with additional information as needed, and answer any questions they might have. This can be different even for different caregivers who are the same age.

- Have you ever assumed what a caregiver thinks about child vaccinations based on their age?
- If so, did you find out more about their thoughts on child immunization and, if so, how did this change what you thought about caregivers' age