In Our Time We Had Few Vaccines: Grandparenting as Support and Strategy towards the Immunisation of Children below the Age of Five in Ibadan, Nigeria

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Abstract

The institution of grandparenthood holds an important cultural role as a significant socializing agent for younger generations. Decisions on the care and well-being of new entrants to the family are affected primarily by the views of grandparents. Grandparents' perspectives impact decision-making on childhood immunization. This study examined grandparents' role in childhood immunization uptake in Ibadan, Nigeria. The study area and population were purposively selected, while qualitative data collection methods were deployed through non-participatory observations and in-depth interviews. A total of 26 in-depth interviews were conducted in three immunisation clinics in the Ibadan metropolis area among public health nurses, parents, and grandparents. The study reveals that grandparenting, as a social institution in Ibadan, places value on the immunisation status of grandchildren. Grandparents perform this social role by educating young parents on the importance of childhood immunisation, among other child-care tips. In many instances, grandparents directly or indirectly monitor their grandchildren's immunisation appointments and sometimes pay for unsubsidized vaccines that are not on the routine vaccine schedule to ensure the well-being of their direct or indirect grandchildren. In conclusion, the institution of grandparenting enhances childhood immunisation uptake. Grandparents' involvement in the education of childhood immunisation improves the demand for childhood vaccination and helps achieve timely and complete childhood vaccination. It is, therefore, essential to involve grandparents in interventions for childhood immunization among the study group.

Keywords: grandparents, immunisation, social institution, children below the age of five, Ibadan

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Introduction

Vaccine-preventable diseases account for childhood morbidity (diseases) and mortality (deaths) more than other known causes. Timely and complete childhood immunization has been identified as one of the most important means of preventing morbidity and mortality among children (individuals under five years of age is the focus of the study) in many developing countries like Nigeria (Ophori et al. 2014). Timely and complete childhood immunization refers to when a newborn is promptly vaccinated with all recommended vaccines that prevent deadly diseases without missing any vaccines and finishing the schedule. A child below the age of five years old is considered fully vaccinated if they have received a Bacille Calmette-Guérin (BCG) vaccination against tuberculosis, three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus, at least three doses of the polio vaccine, and one dose of measles vaccine (NDHS 2018).

The immunisation programme has been a success since the introduction of vaccination in 1903 under the colonial government and the adoption of the WHO expanded programme on immunisation (EPI) in 1979 (Renne 2017). However, there have also been challenges to immunisation acceptance in Nigeria. Although in the last twenty years, globally, there has been a substantial reduction in the mortality rate of children below five years of age, Nigeria has yet to achieve its target of childhood vaccination coverage. The global under-five mortality rate declined by 61% in 2020, from 93 death per 1000 live birth in 1990 to 37 deaths per 1000 live births in 2020 (UNICEF 2019). The currently available National Demographic Health Survey (NDHS) of 2018 revealed a decline in under-five mortality from 193 per 1000 live births in 1990 to 128 death per 1000 live births but documented a stagnated rate of 132 deaths per 1000 live births in 2018 (UNICEF 2018; NPC and ICF 2019). A close examination of the vaccination report revealed that Bacille Calmette-Guerin (BCG) coverage in Nigeria rose from 23% in 1981 to 80% in 1990, dropped to 29% in 1997, then increased to 53% in 2017, and the ranges stabilized since then. The situation seems similar to other childhood vaccines coverage (WHO and UNICEF 2018). The Nigerian Demographic Health Survey (NDHS 2018) revealed that the trend in childhood vaccination for children aged between 12-23 months who received all essential vaccines was 29% in 1990, 13% in 2003, 23% in 2008, 25% in 2013 and 31% in 2018, data that attests to the fact that there is much work to do in terms of childhood vaccination in Nigeria as it is one of the six nations of the world with the worst mortality rate of children under the age of five (NPC and ICF, 2019).

According to Oleribe et al. (2017), less than 23% of children complete their vaccination cycles, while about 29% are still in need. The Multiple Indicator Cluster Survey conducted by the Government of Nigeria in 2016 and 2017 indicated that only 1 in 4 children receive all the recommended vaccines. Immunisation coverage for

pentavalent vaccines (a combination of five vaccines-in-one that prevents diphtheria, tetanus, whooping cough, hepatitis B, and Haemophilus influenza type B) in the 36 states varies drastically from 80% in Lagos to 3% in Sokoto. Notably, this still must be below the recommended global goal of 90% in all states (UNICEF 2018). Childhood vaccination still eludes about 75% of children in Nigeria (Obinna 2018). Nigeria accounts for approximately 34% of the global rate of non-immunised children, increasing the risk of vaccine-preventable diseases.

Resistance to immunisation in Nigeria dates to the colonial era. This has contributed to the slow pace of eradicating vaccine-preventable childhood diseases like polio in Nigeria and worldwide (Raufu 2003; Renne 2017). Immunisation against childhood diseases started with vaccination campaigns against smallpox and cerebrospinal meningitis between 1903 and 1960. However, these faced significant resistance, primarily from citizens in the northern and western parts of Nigeria (Renne 2017). Many rejected the immunisation programme based on spreading rumors, incorrect information (Jegede 2007), religious suspicions and "fears that imported vaccines contained substances to reduce Muslim populations, beliefs that illness and cure are best addressed through prayer, and questions about the safety of vaccines, similar to concerns of some parents in the West" (Renne 2017, 291). The matter was fuelled by anti-vaccination rumors, which were politically motivated, thus creating a challenge in the wheel of good healthcare for children (Yahya 2007; Abraham 2012). Renne affirms this in the following excerpt:

> In northern Nigeria, vaccination campaigns for smallpox and treatment camps for cerebrospinal meningitis were introduced by British health officials during the colonial period (1903–60). Vaccines used were generally imported from Great Britain. Following independence in October 1960, vaccination initiatives, such as the Smallpox Eradication Programme (SEP) and the Global Polio Eradication Initiative (GPEI), implemented by the Nigerian Ministry of Health and National Primary Health Care Development Agency (NPHCDA) with support from the international NGOs, have been viewed with suspicion by some as western postcolonial interventions (Renne 2017, 289).

The bid to resist colonialism was extended to vaccination since vaccines were manufactured and imported from the West. Vaccine resistance/hesitance from parents and caregivers is not exclusive to Nigeria. The phenomenon affects many societies in the world. There have been several reports of parents' reluctance or refusal towards childhood vaccination both in America and Europe based on religious beliefs and fear of the safety of the vaccines. The recently reported measles outbreak in the global North

testifies to the universality of childhood vaccination resistance (Gilkey et al. 2016; Dubé et al. 2016; Bricout et al. 2019; Wilson et al. 2019).

Over the years, the Nigerian government has addressed these challenges through related agencies and several means, such as implementing a vaccination policy, health incentives, and mass communication immunisation campaigns. The argument has established that different strategies have been developed to encourage parents and exclusive childhood vaccination coverage in Nigeria. Many of these strategies have adopted more top-bottom approaches. Little focus has been given to the untapped potential of grandparents' involvement to affect changes in attitude and practice towards childhood vaccination positively.

Considering the government's effort on childhood immunisation, it is pertinent to ask the following questions: What is the effect of past public immunisation campaigns on current childhood vaccination processes? In what ways have the lessons of the campaign been embedded in social relations/structures, bearing in mind that the group of children/parents that experienced the early childhood vaccination resistance/ hesitance regarding period immunisation campaigns in Nigeria are now either parents, grandparents, or great-grandparents? Thus, examining the influence of social institutions (one of the determinants) on childhood vaccination in Nigeria is essential. This study examines the roles of grandparents in enhancing the childhood immunization rate and how this can be harnessed to boost childhood vaccination rates in the nation.

Strategies and Attitudes to Childhood Immunisation in Nigeria

The initially enacted vaccination ordinance was introduced in 1919 but became visible in 1921 when the British Colonial government launched a vaccination programme against smallpox and cerebrospinal meningitis. The programme achieved little success, especially in the Northern Province, partly because of the vastness of the Northern Province and because of the inadequate health resources of the colonial medical service and the resistance and hesitance of the people, which were based on the suspicion that the Europeans may use the vaccine to attack the Muslim population and fertility (Ofosu-Amaah 1983). In 1945, the vaccination ordinance was amended to include the compulsory vaccination of adults and children; this was implemented via the involvement of local political authorities like emirs and other ethnic leaders (Orubuloye and Oni 1996; Oku et al. 2016). The strategy also included the introduction of penalties and fines for non-cooperation and non-compliance, not only for the populace but also leaders who failed in their roles.

Renne (2017) posited that from 1949 to 1977, health-oriented practices were promoted, such as the need for well-ventilated sleeping spaces to prevent and reduce diseases, and those years witnessed the establishment of isolation camps, especially in the Northern Province of Nigeria, to curtail the spread of diseases. According to Renne's account, from 1903 to 1960, the Nigerian colonial government embarked on vaccination campaign initiatives to eradicate smallpox and created a treatment camp in the Northern Province for cerebral meningitis. These initiatives were initially not accepted without some suspicion and forms of resistance. By independence on October 1, 1960, the Smallpox Eradication Programme (SEP) and the Global Polio Eradication Initiative (GPEI) were subsequently introduced and implemented by the Nigeria Ministry of Health and National Primary Health Development Agency (NPHCDA) in collaboration with some international organisations. Although these initiatives denoted another landmark in the Nigerian history of vaccination programmes, they were still "viewed with suspicion by some, as western postcolonial interventions. In northern Nigeria, rather than legitimating the state's control of its citizens and promoting feelings of national pride by 'kicking polio out of Nigeria,' the implementation of the GPEI has contributed to some Nigerians' resistance to state authority" (Renne 2017, 289).

Another significant step in the vaccination initiative was the implementation of the Expanded Programme on Immunisation (EPI) in 1979, in line with the World Health Organisation initiative. The programme's global goal was to immunise 80% of children under two years of age against childhood diseases via vaccines against diphtheria, pertussis, tetanus, measles, polio, and tuberculosis. Although the goal of the initiative was met in many developed countries, in Nigeria, the programme was unable to meet its target due to a lack of adequate structures, trained health personnel, political instability (coups), and economic problems, such as the introduction of the Structural Adjustment Programme and the global decline in the price of crude oil (Thomson et al. 2017).

By 1988, despite the government's efforts, only 55% of the children under two years of age were covered in Nigeria, while the 80% coverage goal was achieved for the Bacille- Calmett-Guerin vaccine (BCG). The situation worsened between 1993 and 1996 when, due to primary health services being transferred to local governments due to Structural Adjustment Programme policies, the immunisation coverage dropped to 30%. In 1993, there was a change in government through a military coup, which led to a change in the immunization programme of the Nation (Anaemene 2013). Expanded Programme on Immunization (EPI) was rebranded alongside the National Programme on Immunisation (NPI); this was done to address the problematic state of the immunisation programme in the Nation. During this period, NPI, as a governmental parastatal, was responsible for importing and distributing vaccines throughout Nigeria. After the nation's political struggles and its return to democratic governance in 2007, the National

Programme on Immunisation (NPI) Programme was merged with NPHCDA under the Ministry of Health (Orubuloye 1996; Omobowale 2018).

Several authors have contributed to the discourse on immunisation from varying perspectives. For example, Ofosu-Amaah (1983) argued that measles in tropical Africa is endemic and cyclical. Barriers to effective measles vaccination programmes in Africa can be traced to difficulties in cold chain maintenance of the vaccines, poor epidemiological surveillance, poor logistics by the ministries of health, and inadequate public information. Through the help and intervention of WHO, many countries were able to increase the coverage of immunisation despite the limited staff and equipment, the high birth rate, and social and political instability. However, given the existing barriers and limitations, Ofosu-Amaah was reluctant to predict a sustainable end to measles. Schoub et al. (1988) analysed polio as a significant cause of morbidity and mortality in many developing countries. Some of the strategies proposed and discussed for the successful eradication of polio included mass immunisation campaigns, which were successful in Cuba and Brazil. All these strategies were, although good, more of ideas that flowed from top to bottom.

The authors suggested that it was imperative to consider local factors and the dedicated army of volunteers to achieve broader coverage in vaccination programmes. It was also recommended that there was a need for a cooperative public to carry out appropriate communication, disseminate correct information and provide logistic support. When Global Polio Eradication Initiatives (GPEI) was launched in 1998, the aim was to assist countries battling polio eradication. In 1996, African WHO regional committees intensified polio eradication strategies through The Kick Polio out of Africa campaign aimed to vaccinate 50 million children 1996 (Jegede 2007). The campaign included mass immunization campaigns on national immunisation days, acute flaccid paralysis surveillance, the training of community health workers at the local level, and door-to-door campaigns. Likewise, functional cold-chain systems were adopted with the continuing education of community stakeholders on the importance of routine immunisation and public awareness campaigns. For instance, in 1997, African footballers participated in public awareness campaigns by distributing posters, radio, and public autograph sessions (Jegede 2007). Africa Vaccination Week (AVW) was another initiative of the member states of the African Region that started in 2011 and was aimed at promoting vaccination and ensuring equity and access to vaccination benefits (Bärnighausen et al. 2014; Oku et al. 2016; Mihigo et al. 2015). Some of the AVW's activities included deworming children and educating parents and communities about the benefit of childhood vaccination. The strategy was adjudged effective, especially in reaching populations with limited access to regular health services.

These efforts were challenged in Nigeria when three northern states began polio immunisation campaigns due to public distrust. The emergence of the distrust and infodemic (a rapid and far-reaching spread of accurate and inaccurate information about childhood immunization) incapacitated some northern states from embarking on vaccination practices. Even after the matter was resolved through political intervention, the seed of mistrust had been planted in the public consciousness that parents and grandparents continued to resist vaccination and did not vaccinate their children. Jegede (2007) stressed the importance of public trust in promoting health initiatives like immunisation.

Grandparenting in Context

Studies by Bärnighausen, Bloom, Cafiero-Fonseca, and O'Brien (2014); Oku, Oyo-Ita, and Mihigo, Anya, Okeibunor, et al. (2016) confirmed the importance of communication in achieving comprehensive coverage in childhood vaccination in Nigeria. As such, there is a need to strategically map out communication strategies used in the past to identify gaps in vaccination coverage in the country. The study (Oku et al. 2017), which was conducted in two Nigerian states, revealed that most existing childhood vaccination strategies were aimed at informing and educating, while only a few centered on teaching skills that would convey communication and a sense of responsibility and ownership of childhood vaccination programme to parents and community members. The study of Oku et al. (2017) concluded that the deployment of vaccination communication in interventions maps in Nigeria could assist parents, grandparents, programme managers, and policymakers in identifying gaps in vaccination communication and addressing the problem of vaccine hesitance, thereby improving vaccination coverage in Nigeria either in the rural or the urban communities.

Crocker-Buque, Minda, Duncan, et al. (2017), in their systematic review of immunisation in urban areas and slums, submitted that over half (54%) of the world's population lived in urban areas in the year 2014 and projected that there will be an increase to 66% by the year 2050. An increasing population of poor urban communities and slums has accompanied the urbanisation process of a growing population. These poor urban communities and slums have low immunisation coverage. The study identified factors associated with immunisation coverage in poor urban areas and slums and possible interventions to improve coverage in these communities. Their systematic review of nearly 5,000 research publications covering 16 low or middle-income countries revealed a wide range of socio-economic characteristics across social contexts, an increasing rural-urban migration with damaging effects. In addition, it further uncovered that parents and grandparents often reported a lack of awareness of the importance of immunisation and their difficulties in accessing services and physical distance to health

facilities. They argued for intervention with multiple components involving parent, grandparents, and community participation to address various factors affecting comprehensive childhood immunization coverage.

Oku, Oyo-Ita, Glenton, et al. (2017) also claimed that effective communication with caregivers is a potent way to remove barriers to childhood vaccination, tackle vaccine hesitance and improve vaccination coverage. The study explored the perceptions and experiences of caregivers, including grandparents and health workers in Nigeria, as regards vaccination communication strategies. In the end, the study recommended that any communication surrounding vaccination should consider the environment and the attitudes of the deliverer and receiver of vaccination communication in Nigeria. This may include the involvement of grandparents and other stakeholders indigenous to the community and influence the decision to immunise a child.

Non-vaccination and immunization resistance is not limited to Nigeria; other countries worldwide also encountered such challenges over the years. Some examples can be drawn from Hu, Li, and Chen's (2017) study on immunisation coverage and timeliness in the first year of life in Zhejiany Province, China. The study identified some reasons for non-vaccination/ and resistance and risk factors, including parental fear of the adverse effect of immunisation, low maternal educational status, and lack of knowledge about the danger associated with delayed immunisation. All these factors also played out in the case of Nigeria's immunization challenge. They reflected that Nigeria is one of many countries globally affected by non-compliance with childhood vaccination. However, special attention should be given to inclusiveness (parents, grandparents, and significant others) in immunisation coverage communication.

Bozzola, Spina, Russo, et al. (2018) explored the effects of false reports on vaccination. In 2017, vaccinations against diphtheria, tetanus, pertussis, hepatitis B, poliovirus, Haemophilus influenzae type B vaccine, and measles, mumps, rubella, and varicella, were made compulsory for children in Europe. The vaccination policy aimed at protecting children from preventable morbidity and mortality was also faced with opposition in the form of anti-vaccination campaigns, which fuelled the spread of fake news. Therefore, the article advocated adopting mandatory childhood vaccination policies to prevent the spread of infectious diseases and protect European communities. Following these discussions, some strategies to improve immunization even outside Africa include the need for more information, trust, proper communication, and education. It has also been suggested that mandatory vaccination schemes can improve childhood immunization coverage (Wilson et al. 2019).

Over the years, strategies have been targeted toward achieving broader childhood immunisation coverage. Campaign messages about the benefits of immunisation were disseminated in local languages to reach out to different social groups, for example, community gatekeepers, parents, grandparents, celebrities, and famous football players. Many of those involved in immunization awareness in the past years are currently grandparents or great-grandparents (Jegede 2007; Yahya 2007; Nasir et al. 2014). The involvement of social and cultural structures like grandparents in the networks of immunisation campaigns points to the fact that cultural norms and values are germanes to the success of immunisation programmes (Salmon and Omar 2006; Mazige et al. 2016).

Like in many other societies, in Yoruba land, South-Western Nigeria, parenthood is a phase of life, a process, and a state of being that lasts a lifetime (Hawthorn 2013). At first, it involves a man and a woman who start a family, have children, and then look forward to nurturing their grandchildren. The birth of the newborn launches the grandparents into the final phase of being, which is grandparenting, a role that comes with social prestige and unwritten tasks in society (Chen et al. 2000; Jegede et al. 2006; Omobowale 2014). This role is an institutionalised practice that is acceptable and encouraged among the Yoruba-speaking people of South-Western Nigeria (Oyewumi 2003). Hence, it is expected that grandparents will nurture the newborn alongside their parents on the arrival of a grandchild. The grandparents performed multiple roles of parenting the parents of the newborn and socialising them into parenting simultaneously (Chamie 2018).

Grandparents are one of the major significant others regarding childhood vaccination demands because of their activities at the arrival of a new baby (Jegede et al. 2006; Omobowale 2014). One of the cultural practices Yoruba and Igbo ethnic groups are well known for when it comes to childcare is the practice of grandmothers (especially paternal grandmothers) moving over to the residence of the new parents to care for the newborn and to socialise/educate the new parents about childcare practices (Omobowale et al. 2019). This study hypothesises that the institution of grandparenting is a significant contributor to vaccination success rates; therefore, through the deployment of qualitative data collection methods, the study examines the roles of grandparents in the immunisation process/campaign of children below the age of five in Ibadan, Nigeria.

Methods

This is an ethnographic study that employed qualitative methods of data collection. The study area was the Ibadan metropolis. The study was conducted in three local government areas in the Ibadan metropolis- Ibadan North, South-West, and Ido Local Government Areas (LGAs). These study sites were purposively selected to understand

the values and norms surrounding grandparents' involvement in childhood vaccination in Ibadan. The Ibadan metropolis is divided into five local government areas (LGAs), of which three LGAs (Ibadan North, Northeast, and South East) were selected for the study. In each chosen LGAs, one well-operated and populated primary health/ immunization clinics were purposively selected. The time frame was between October 2016 and March 2018. In-depth interviews and observational methods were used in the study to interrogate the cultural constructions, interpretations, beliefs, and practices relevant to grandparents' involvement in vaccinating children below the age of five in Ibadan. In-depth interviews were conducted with health workers to get their perspectives on the roles of grandparents in childhood vaccination in Ibadan. In-depth interviews were also conducted with purposively selected parents and grandparents. Willing and purposively selected health workers, parents, and grandparents present at immunisation clinics during our visits were recruited for the study. The study used non-probability sampling techniques to select study participants who met the study's inclusion criteria. In all, twenty-six in-depth interviews were conducted. Six public health nurses, eight parents, and twelve grandparents were interviewed in the selected immunisation facilities. This sample size reached saturation for this study within the study population (Hennink and Kaiser 2022).

The non-participant observation method was also carried out, which included conversations, noting participants' gestures, reactions, and demeanour. During the observation, we noted discussions on a broad range of issues around beliefs, perceptions, knowledge, religion, practices, and values and norms related to child survival and immunisation programmes. Observations were also made at immunisation clinics, for example, the attendance of the grandparents at the clinics was recorded, as well as their reactions to short health talks given by nurses on childhood vaccination. Additionally, informal talks (casual and unplanned discussions) were held with some grandparents about their childhood vaccination experiences and perceptions. Transcripts of the interviews were translated from the local language, which is (add) into English as required. Transcripts were coded and categorised. The data collected were subjected to content analysis.

Results and Discussion

Grandparents' Understanding and Experience of Immunisation in Ibadan

Grandparents understand immunisation as a process of preventing diseases and regard vaccines as substances stored or absorbed in the body system that fight sickness. The local parlance for the vaccine in the Ibadan metropolis is *abere ajesara,* translated loosely as illness-preventing inoculation. A grandparent defined immunisation in the following way:

> Immunisation is the prevention of diseases. It is given to children from birth; it is an essential child survival strategy. It's getting better by the day; in the past, there were mainly polio, measles, and yellow fever vaccines, but it is a lot different now. There are special vaccines: the one for diarrhoea and so on **(Grandmother, 57 years old, civil servant, IB North LGA)**.

Many grandparents understand that these vaccines protect their grandchildren against sore throat infections and fever which have a potential for complications such as whooping cough, tetanus, Haemophilus influenza type B and hepatitis A and B, and inflammatory liver disease This was reiterated by another grandparent:

> Immunisation in Yoruba language is called *abere ajesara*, which means something you take to prevent the future occurrence of certain infections and diseases. In our time, in the village, our mothers used herbs whenever a child was sick. If the sickness was serious, he or she would then be taken to an herbalist (the native physician). The way we have family doctors/physicians now is the same way we had dedicated herbalists, then. In fact, many cases of children's deaths were attributed to the *abiku/ogbanje*[1] (spirit children) phenomenon. Now with the introduction of the vaccine, especially special vaccines, parents can ensure that their children are in good health **(Grandfather, 67 years old, retired banker, Ido LGA).**

Social interpretations of immunisation among grandparents in Ibadan revolve around preventing sickness and child survival in modern times, issues which have been examined and proven essential for child survival. Thus, the perception of the grandparents about immunisation plays a role in the success of the immunisation of children below the age of five in Ibadan.

A significant criterion for grandparents, irrespective of their gender, is the wealth of experience acquired through their lived experiences, with which they can help their children (biological or adoptive) navigate the stress and dangers of parenting. The study reveals that, although many grandparents were not immunised against childhood diseases themselves, their growth to adulthood and their experiences of childhood mortality from vaccine-preventable diseases are the motivating factors in ensuring that

[1] *Abiku* in the Yoruba cultural belief refers to spirit children predestined to die several times before reaching puberty (see Ogunjuyigbe 2004; Denham 2017; Aljazeera 2018).

their children and grandchildren are vaccinated. As revealed by a grandparent, who shared her experience during an in-depth interview, she stated:

> During my childhood, in the 1960s, my parents did not vaccinate me against any disease. They thought it would harm me. I am the 3rd child of my parents. My mother gave birth to 13 children, but only three of us survived. Others died before they clocked five or around their fifth birthday. We thought they were *Abiku* (spirit children),[2] but now I understand that those diseases killed those children. I have four children, and all of them survived. Why? One of the keys is that I am educated; another is that I vaccinated my children. During our time we had few vaccines, but now you have many. Why won't you seize this life-saving opportunity? **(Grandmother, 59 years old, retiree, IB South West LGA)**.

Another experience is shared below:

> I have a neighbour who was always running away with her child whenever it was time for immunisation, and I would tell her that immunisation is good for the child. When the child got older, he developed a sickness and they had to take him to the hospital at Jericho. When they got there, she started insulting the nurses and did not listen to them. The child became deaf; he cannot hear anything even till now (**Grandmother, 60 years plus, trader, IB South West LGA**).

Grandparents' Social Support and the Vaccination of Children below the Age of Five in Ibadan

Many grandparents are a source of social support. One of the ways by which contemporary Yoruba grandparents ensure the survival of the newborn is by encouraging childhood immunisation. It has been observed that many grandparents monitor the immunisation schedule of the newborns and ensure that they are taken for their appointments, sometimes, they even accompany their grandchildren to the immunisation clinics. An in-depth interview with a grandmother whose opinion was shared among other grandparents that:

[2]*Abikus* in the Yoruba cultural belief refers to spirit children predestined to die several times before reaching puberty.

> I ensure that my grandchildren are vaccinated because I am their grandmother, I know better than both parents. They are young, and they have little life experiences. That baby is my child, if anything wrong happens to her, people in society will begin to call me names. God forbid evil incidents. That baby must be fully immunised, which is the key to peaceful grandparenting **(Grandmother, 67 years old, retiree, IB North LGA)**.

Nurses at the infant welfare clinics also attested to the commitment of grandparents, especially grandmothers, when vaccinating their grandchildren. They admitted that these grandparents' presence was preferred because they were found to be more relaxed than the mothers, who were often in a hurry to go about their daily activities. In addition, some of these grandparents, who were non-literate, overcame the language barrier by requesting that health talks be interpreted in Yoruba. Sometimes, they paid for the vaccines (commonly called "special" vaccines) that the National Programme did not cover Immunisation. Furthermore, they compelled the parents to give their children complete vaccination doses. This is depicted below in a nurse's report:

> They (grandmothers) wait for the commencement of vaccination (the process of injecting children with the vaccines), and a lot of them get to know more about the immunisation process when they listen to the health talks, therefore, we can see that they are fully in support. Some will even go home and make money available for the vaccines that are being paid for. They are in full support of what we do here; they give their time and even instruct the parents on what to do **(Public Health Nurse, 46 years old, IB North LGA)**.

The opinion given above was also corroborated by one of the mothers:

> My mother-in-law has a significant influence on the immunisation of this baby. She always encourages me to vaccinate the child and not miss any of the vaccines. She would say "*o le wu ooo, ma miss ee o*" ("*don't miss it, it would be dangerous to do so*"). Since I gave birth to my baby, she has been around. She backs the baby and reminds me to keep the next vaccination appointment (**Mother, 29 years old, Trader, IB South West LGA)**.

A nurse supports this claim in the narration below:

> Those grandmothers are firmly in support of child immunisation. They are the ones that come in early; they even bring them in (the children) earlier than the mothers who come here. They stay all through, they don't rush, and they are there for the immunisation throughout. They (grandmothers) are fully on the ground for that day. So far, they have been very consistent at keeping to the specified dates and time **(public health nurse, middle age, IB South West LGA)**.

Another nurse stated:

> Because of the way the world is now, majority of the women are in the working class just like their husbands. Someone who delivered yesterday may be required to come back to the office and she must go. It is about livelihood. In my experience, many times, grandparents, both grandfathers, and grandmothers, are the ones who bring the children for immunisation. Some come consistently within the space of 4 -5 months, some even come for as long as 12 months, and they are the ones that will bring the children. For some children, we do not even recognise their mothers; we recognise the grandmothers even more than the mothers **(public health nurse, 55 years old, IB North LGA)**.

The above statements revealed that many working mothers are busy at their workplace and might miss or not even complete vaccination appointments for their children. Still, with the support of grandparents in childcare, the child is presented for vaccination even in the mother's absence. The submission further stresses the importance of grandparents' involvement in childcare as an effective strategy for working mothers. It also shows that grandparents could be harnessed as valuable resources in the public health promotion of childhood immunisation (Chen et al. 2000; Okafor and Amayo 2006; Pilkauskas 2014; Jegede 2013). In addition to providing practical support by keeping appointments, grandparents' participation in the vaccination process helps dispel the myths some grandparents spread about vaccination, for example, vaccination should be avoided when a child has a fever (Awodele 2010). Such myths lead to missed immunisation opportunities and show a lack of access to the correct information about childcare practices.

Besides monitoring the immunisation schedule, many grandparents emphasize that their grandchildren need to be fully immunised, not only with the free vaccines

covered by the National Immunisation Programme but also with other vaccines they refer to as "special vaccines." Examples of such drugs are the Rotavirus vaccine (₦6500/dose, to be taken two times-$18)[3], Meningitis (₦8600-$24), Hepatitis A and B (₦6200/dose, to be taken three times-$17), Measles, mumps, and Rubella-combined vaccines (MMR) (₦4700/amount, to be taken two times-$13) and Varicella commonly called Chicken Pox (₦7000/amount, to be taken two times-$19). From the in-depth interviews, many informants revealed that they got "special vaccines" for their children, first because the grandparents emphasized the need for them and second because the failure to adhere to their instructions could cause friction. They also mentioned that these grandparents usually supported them when they could not afford the "special vaccines." This is vividly depicted in the extract below:

> Grandparents are essential, or when my wife had our baby, her mother came around to help us. It was our first child, so she did not have any previous childcare experience. Her mother supported us; she assisted my wife when they went for immunisation by telling her what to do. She also told her about the arrangement of the vaccines-the one she had to take first. She was really helpful. My parents also helped us a great deal. So, grandmothers have a significant stake, they encourage, help and give support. My mother-in-law supported us financially when we needed it; you know the economy is not favourable. She even paid for the special vaccine and made sure that everything was in place. This will go a long way in ensuring that our children are healthy **(father, 36 years old, teacher, IB North LGA)**.

Discussion

There seems to be an increase in the number of grandparents who believe in the potency of vaccines as prevention against diseases such as measles, poliomyelitis, chicken pox, yellow fever, and others, unlike what was obtainable in the past, before the millennium when many grandparents promoted resistance and hesitance to childhood vaccination (Yahya 2017; Renne 2017). The diseases above were the most mentioned vaccine-preventable diseases by participants during the study; this can be attributed to the fact that these were the major diseases responsible for child morbidity and mortality in the past (Omobowale 2021). Furthermore, most grandparents had direct and indirect experiences of the impact of these diseases.

[3] Dollar was calculated at ₦365.00 to a dollar.

Ironically, the social institution which strongly stood against child immunisation in Nigeria in the past (Yahya 2007; Renne 2017) is now the institution that promotes the immunisation of children in Nigeria. A significant finding of this study is that grandparents are moving beyond being guides and gaining more prominence as secondary caretakers of children because more mothers are taking up appointments in the formal working sector. This confirms Charlie's view (2018), who postulated that there is a sharp increase in the number of grandparents playing vital roles in ensuring the well-being of the younger generation because of the changes happening around the world today. Grandparenting is an essential institution among the Yoruba people; it places value on the survival of the grandchild(ren). In Nigeria, children are regarded as precious gifts from God and seen as a link to the ancestors (the past) and as hope for the future. The birth of a child is highly celebrated in all Nigerian cultures, and children are held in high esteem.

According to Okafor and Amayo (2006), young couples are hardly left alone with their newborns. Rather grandmothers and aunts take over the care and management of these children while the mothers only breastfeed. This is in tandem with the responses of grandmothers in this study, who do all they can to ensure that their grandchildren are alive and well, while some even go as far as taking the children for vaccination against the mothers' will. This is also similar to what was reported by Jegede and Owumi (2013), who said that many mothers-in-law accompanied their daughters-in-law to immunisation centers and helped take their grandchildren for vaccinations. Other actions include educating the new parents about the importance of immunisation, monitoring the children's appointments, and ensuring their well-being by buying vaccines. Young parents may have a different view that may not enhance the vaccination of their children due to their busy schedule, economic hardship, and inexperience.

Furthermore, this study revealed that despite mothers' social or educational status, grandparents could significantly influence others' actions and inactions regarding childhood immunisation. This partly relates to Chen, Short, and Entwisle's postulations (2000) that grandparental proximity impacts maternal childcare in China. Similarly, there had been an argument that the effect of grandparental childcare on mothers' labor supply is positive, statistically significant, and economically relevant, especially for less educated mothers with young children in Northern and Central Italy. Their study on force-feeding practices among the Yorubas (Jegede et al. 2006) identified grandmothers as significant influences in childcare practice. Likewise, Pilkauskas (2014) recommended grandparents' involvement in public health intervention.

This study also corroborates Jegede and Owumi's (2013) findings in the semi-rural areas of the Moniya and Onidudu communities within Ibadan. Although this study was

conducted in the Ibadan metropolis, the results reiterate the importance of grandparents in child vaccination. In the study, grandparents had no negative opinion about immunisation, perhaps, because the study sites were infant welfare centres, which could be a study limitation. Hence, the focus is to spell out the increasing involvement of grandparents in the child immunisation process, as this could be adopted in achieving timeliness and complete child vaccine dosage in Nigeria. Further inquiries are required to know the general concepts of immunisation and how to design an appropriate intervention.

Many grandparents have experienced child morbidity (sickness/disease) and mortality (death). To avoid such terrible incidents, they ensure that their grandchildren are vaccinated, and this is done through social support relations. Among the Yoruba-speaking people of South-Western Nigeria, the arrival of a new baby brings a lot of positive changes to the family. While the young man and woman become parents and more responsible due to the new addition, the grandparents are launched into grandparenting. Hence, the value of this social classification is tied to the survival of the newborn. Among the Yorubas, it is socially unacceptable for grandparents to witness the death of their grandchildren; therefore, many grandparents help care for the newborn to ensure their survival. It has been observed that many grandparents monitor the immunisation schedule of the newborns and ensure that they are taken for their appointments, sometimes; they even accompany their grandchildren to the immunisation clinics (Jegede 2006)

The presence of grandparents in the immunisation clinics creates an avenue to be educated by health care professionals about harmful cultural practices in childcare and also brings about a debunking of popular myths that had previously impacted negatively on child survival, thus presenting a means of bringing about improvements in child survival strategies. Irrespective of their gender, grandparents use the opportunity to create a new set of social networks that may result in mutual assistance. Grandparenting as a social institution among the Yoruba is an innovative practice tool for surviving children under five.

Conclusion

The institution of grandparenting among the Yoruba people of South-Western Nigeria is a social concept supporting humanity's existence and multiplication. One of the ways this institution remains significant is through its consistent attempts to ensure children's survival. Grandparents' involvement in providing the vaccination of their biological/adopted grandchildren has been helpful. Therefore, this study recommends

grandparents as applicable persons who can be trained as change agents and advocates because they wield a significant position as decision-makers within the community (Jegede and Owumi, 2013). In the Ibadan metropolis, grandparents represent the information processing unit of the community and are a critical force needed to ensure sustainable, desired changes in child vaccination demand.

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