

Maternal Vaccine Study

Title: Toward expanding uptake of maternal vaccination in Ethiopia: a systems based approach to understanding catalysts and catches of maternal immunization Principal Investigator: Abebe Gebremariam, MD and Elizabeth Quincer, MD Funding Source: Emory University Number of Participants We intend to have 200 participants Time The study will take about 20-60 minutes to complete Introduction Thank you for your interest in our study. We want to tell you everything you should know before you choose if your child can participate. If you decide to let her participate, but want her to stop later, she can always stop. Before allowing her to join: • Please read this form or this form will be read to you • Please ask questions if you do not understand something You may take a copy of this form. Feel free to spend time thinking before allowing her to join. You do not give up any legal rights by signing this form. Study Overview This study hopes to know understand factors related to maternal decision-making in receiving vaccinations during pregnancy and after birth. Procedures If you agree for your child to participate, your child will answer survey questions. Your child will be asked questions about herself, her pregnancy, and her ideas about vaccines in pregnancy. She is free to answer in any way you feel comfortable or not at all. Risks and Discomforts Steps to ensure her privacy will be taken and only study staff will have access to her answers; however, there is a risk to a loss of privacy or that other people may know she joined the study. The information we collect will not include her identity or personal information. Benefits The primary benefit of this study is to understand factors related to whether mothers choose to receive vaccinations during pregnancy. We don't anticipate this study will benefit her personally. Compensation She will not be directly paid for her answers in this research. Confidentiality We will not release any information that could be linked to her personally. The results of this study will only be available once the data has been compiled to include everyone in the study. Voluntary Participation and Withdrawal from the Study She may stop the survey or not answer anything that she is not comfortable with and choose if she wants us to keep any information she shared for review or not. Contact Information If you have questions about this study, anything at all, or concerns or complaints about the study you may contact these people: Contact Abebe Gebremariam, MD, [Principal Investigator] at +251911405986, Elizabeth Quincer [Principal Investigator] at [+12186391570], Amhara Public Health Institute [+251918547361], or Emory Institutional Review Board at [+14047120720] or irb@emory.edu.

Name of Data Collector

- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]

Name of Supervisor

Select age group to find the appropriate consent form

- ☐ > 18 years old
- ☐ < 18 years old

1. What is your residence?

- ☐ Urban
- ☐ Rural
- ☐ semi urban

2. Zone

- ☐ South Gonder
- ☐ West Gojam
- ☐ Bahir Dar City Administration
- ☐ Awi

3. Woreda

4. Kebele

5. What is your date of birth?

DD/MM/YY (Ethiopian Calendar)

yyyy-mm-dd

6. age

7. Can you read?

- ☐ Yes
- ☐ No

8. Can you write?

- ☐ Yes
- ☐ No

9. What is the highest level of school you completed?

- ☐ Have not attended formal school
- ☐ Attended Some primary school but have not completed
- ☐ Primary, 1-8
- ☐ Secondary, 9 12
- ☐ Technical/vocational certificate
- ☐ University degree or higher
- ☐ Other

10. Specify Other School

11. What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Other

12. Specify other marital status,

13. What is your current occupation?

- ☐ Housewife
- ☐ Farmer
- ☐ Skilled laborer
- ☐ Daily laborer
- ☐ Professional
- ☐ Merchant
- ☐ Petty trader
- ☐ Other

14. Specify Other Occupation

15. What is your religion?

- ☐ Orthodox Christian
- ☐ Catholic Christian
- ☐ Protestant Christian
- ☐ Muslim
- ☐ Traditional religion
- ☐ Other

16. specify Other religion

17. What is your mother tongue language?

- ☐ Amharic
- ☐ Oromigna
- ☐ Tigrigna
- ☐ Agewogna
- ☐ Somaligna
- ☐ Afargna
- ☐ Guragiegna
- ☐ Harerigna
- ☐ Wolaitagna
- ☐ Other

18. specify other mother tongue language

19. What is your ethnicity

- ☐ Amhara
- ☐ Oromo
- ☐ Tigrie
- ☐ Agew
- ☐ Other

20. Specify other ethnicity

21. What is the current occupation of your husband or partner?

- ☐ Homemaker
- ☐ Farmer
- ☐ Skilled laborer
- ☐ Daily laborer
- ☐ Professional
- ☐ Merchant
- ☐ Petty trader
- ☐ Other

22. Specify other occupation of husband or partner

23. What is the total income of your family per year? (in birr)

24. How many living children do you have?

25. How many times have you been pregnant, including this pregnancy?

Pregnancy History

26. Have any of your pregnancies resulted in miscarriage?

- ☐ Yes
- ☐ No

27. What is your current month of pregnancy?

28. How many times have you visited the antenatal care clinic for this pregnancy? (include this current visit)

29. Have you been hospitalized during this pregnancy?

- ☐ Yes
- ☐ No

30. If yes to being hospitalized during this pregnancy, why?

31. Has anyone recommended you get vaccinated during your pregnancy?

- ☐ Yes
- ☐ No

32. Which vaccine(s) have you been recommended to get during this pregnancy?

- ☐ Tetanus and diphtheria /TD
- ☐ Influenza
- ☐ Pertussis
- ☐ COVID 19
- ☐ I do not remember the name or I don't know the name
- ☐ Other

33. specify other vaccines recommended

34. Which sources recommended you get vaccinated during this pregnancy

check all that apply

- ☐ Doctor, nurse, midwife, other health care provider
- ☐ Health development army leader
- ☐ Model household
- ☐ Health extension workers
- ☐ Friend/neighbor
- ☐ Relatives
- ☐ Druggist or pharmacist
- ☐ Radio
- ☐ TV
- ☐ Internet
- ☐ Social media
- ☐ Religious leaders
- ☐ Local Kebele leaders
- ☐ Trained/traditional birth attendants
- ☐ Other

35. Specify other people who recommended you get vaccinated

36. Did you receive a vaccine during this pregnancy?

- ☐ Yes
- ☐ Unsure
- ☐ No

If yes to receiving vaccine, please record details, preferably from ANC booklet, if not possible, or get verbal report and list the source of information;

If no, skip to 44

37. Which vaccine did you receive?

- ☐ Tetanus and diphtheria /TD
- ☐ Influenza
- ☐ Pertussis
- ☐ I do not remember the name
- ☐ Other

38. Specify other types of vaccines received during this pregnancy

39. Number of doses/injections taken

40. approximate weeks of pregnancy when receiving the vaccine

41. Any complications or problems that occurred in relation to the vaccination?

- ☐ Yes
- ☐ No

42. Source of vaccine history information:

- ☐ verbal report
- ☐ other

43. other source of vaccination information, specify

44. In previous pregnancies, did you receive a vaccine?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not Applicable

45. Which vaccine(s) did you receive in any of your previous pregnancies?

- ☐ Tetanus and diphtheria /TD
- ☐ Influenza
- ☐ Pertussis
- ☐ I do not remember the name
- ☐ Other

46. Specify other types of vaccines during previous pregnancy,

47. At what stage/month of pregnancy are you more likely to take a vaccine?

- ☐ All throughout pregnancy
- ☐ During the first three months
- ☐ During the first six months
- ☐ Only during the last three months
- ☐ Don't know or unsure

48. Who influences your decision to get a vaccine during pregnancy?

Mark all that apply

- ☐ Self
- ☐ Husband
- ☐ Your mother
- ☐ Your father
- ☐ Mother of the father of the baby (mother-in-law)
- ☐ Father of the father of the baby (father in law)
- ☐ Other relatives
- ☐ Friends
- ☐ Another pregnant woman
- ☐ Doctor, nurse, or other healthcare provider
- ☐ Health extension workers
- ☐ Health development army/community health worker
- ☐ An NGO (e.g., World Health Organization)
- ☐ Traditional healer /practitioner
- ☐ Women who used to work as traditional birth attendant
- ☐ Religious leader
- ☐ Local leaders (Woreda, kebele leaders, women's affairs)
- ☐ Other

49. Specify other people who influence your decision to get a vaccine during pregnancy

50. Who influences your decision to have your child vaccinated?

Mark all that apply

- ☐ Self
- ☐ Husband
- ☐ Your mother
- ☐ Your father
- ☐ Mother of the father of the baby (mother-in-law)
- ☐ Father of the father of the baby (father in law)
- ☐ Other relatives
- ☐ Friends
- ☐ Another pregnant woman
- ☐ Doctor, nurse, or other healthcare provider
- ☐ Health extension workers
- ☐ Health development army/community health worker
- ☐ An NGO (e.g., World Health Organization)
- ☐ Traditional healer /practioner
- ☐ Women who used to work as traditional birth attendant
- ☐ Religious Leader
- ☐ Local leaders (Woreda, kebele leaders, women's affairs)
- ☐ Other
- ☐ Not applicable

51. Specify other people who influences your decision to have your child vaccinated?

52. What would make you receive a vaccine?

Mark all that apply

- ☐ If a doctor, nurse or other health care providers recommended it
- ☐ If the Ethiopia Ministry of Health recommended it
- ☐ If an NGO recommended it
- ☐ If a friend/relative/neighbor recommended it
- ☐ If another pregnant woman recommended it
- ☐ Vaccines help prevent diseases
- ☐ You believe that diseases are dangerous for your baby
- ☐ You believe that vaccines are effective
- ☐ For ethical/moral reasons
- ☐ It was recommended by local or religious leaders
- ☐ The vaccines are beneficial to the baby in the womb
- ☐ The vaccines are offered for free/affordable, accessible and available
- ☐ I believe vaccines are important and safe
- ☐ Other

53. Specify other factors that would make you receive a vaccine

54. Have you ever refused a vaccine for yourself?

- ☐ Yes
- ☐ No
- ☐ Unsure

55. Which vaccine have you refused previously?

56. What are the reasons why you refused a vaccine?

- ☐ Cost
- ☐ Didn't think it was safe/side effects
- ☐ Religious reasons
- ☐ Cultural , social and political reasons
- ☐ Family/friends recommendations
- ☐ I did not think it was effective
- ☐ Not enough information
- ☐ Do not like injections
- ☐ Not important or necessary
- ☐ I did not think I was not at risk of the disease
- ☐ I completed all the vaccines
- ☐ I was sick
- ☐ It Is painful
- ☐ Other

57. Specfiy other reasons why you refused a vaccine

58. Have you ever refused a vaccine for your child?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable

59. which vaccine have you refused for your child?

60. What are the reasons why you refused a vaccine for your child?

Mark all that apply

- ☐ Cost
- ☐ Didn't think it was safe/side effects
- ☐ Religious reasons
- ☐ Cultural , social and political reasons.
- ☐ Family/friends recommendations
- ☐ I did not think it was effective
- ☐ Not enough information
- ☐ Do not like injections
- ☐ Not important or necessary
- ☐ I did not think I was not at risk of the disease
- ☐ I completed all the vaccines
- ☐ I was sick
- ☐ It Is painful
- ☐ Other

61. Specify other reasons why you refused a vaccine for your child

62. Have you ever had a negative experience with a vaccine?

- ☐ Yes
- ☐ No
- ☐ Unsure

63. What was the negative experience?

- ☐ Fainting
- ☐ Severe allergic reaction (anaphylactic shock)
- ☐ Fever
- ☐ Rash
- ☐ Abscess
- ☐ Swelling
- ☐ Convulsions (Sudden, violent, irregular movement of a limb or of the body)
- ☐ Other

64. Specify other types of negative experiences you had with a vaccine

65. Has your child/have your children ever had a negative experience with a vaccine?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable

66. What was the negative experience your child/ children have had ?

- ☐ Fainting
- ☐ Severe allergic reaction (anaphylactic shock)
- ☐ Fever
- ☐ Rash
- ☐ Abscess
- ☐ Swelling
- ☐ Convulsions (Sudden, violent, irregular movement of a limb or of the body)
- ☐ Other

67. Specify other negative experiences your child/ children have had

How significantly have the following source of information influenced your opinion regarding COVID 19 vaccination?

Not at all significant, slightly significant , Neutral, Moderately significant effect, very significant effect

68. News from national TV/radio

- ☐ Not at all significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

69. Government agencies

- ☐ Not at all significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

70. Social media (Facebook, Instagram, WhatsApp, telegram etc.)

- ☐ Not at all significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

71. Discussions amongst family and friends

- ☐ Not at all significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

72. Healthcare providers

- ☐ Not at all significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

73. Other sources of information that influenced your opinion regarding COVID-19 vaccination

74. When the opportunity for me to get vaccinated comes, I am willing to receive the COVID-19 vaccine

Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ strongly disagree

75. I am willing to receive the COVID-19 vaccine if I am pregnant at the time it was offered

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

76. I am willing to receive the COVID-19 vaccine if I am breastfeeding at the time it was offered

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

77. I prefer to acquire immunity against COVID-19 naturally (by having the disease) rather than by vaccination

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

78. I will recommend my family and friends receive the COVID-19 vaccination

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

If you have received the COVID 19 vaccination, please list the factors that motivated you to do so. If you are awaiting your turn, please list the factors that may motivate you to receive the COVID-19 vaccination

strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

79. I think there is no harm in taking COVID-19 vaccine

- ☐ Strongly agree
- ☐ Agree
- ☐ neither agree nor disagree,
- ☐ Disagree
- ☐ Strongly disagree

80. I believe COVID-19 vaccine will be useful in protecting me from COVID-19 disease

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

81. My healthcare provider has recommended it

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

82. I feel the benefits of taking the COVID-19 vaccine outweigh the risks involved

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

83. I believe that taking the COVID-19 vaccine is a societal responsibility

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree Disagree
- ☐ Disagree
- ☐ Strongly Disagree

84. There is sufficient data regarding the COVID vaccine's safety and efficacy released by the government

- ☐ strongly agree,
- ☐ agree,
- ☐ neither agree nor disagree,
- ☐ disagree
- ☐ strongly disagree

85. I think it will help in eradicating COVID-19 infection

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

86 . I know that pregnant women and their unborn children are at increased risk of COVID-19 and severe disease from COVID-19

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

87. I believe COVID-19 vaccine will be useful in protecting my unborn child from the COVID-19 infection

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

There are several concerns regarding the COVID-19 vaccine that may influence your decision not to receive a COVID-19 vaccine. Give your opinion on how the following statements may influence your decision to receive the COVID 19 vaccine.
strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

88. I might have a serious side effect after taking the COVID-19 vaccine

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

89. The COVID-19 vaccine was developed and approved rapidly

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

90. I might have some unforeseen future effects of the COVID-19 vaccine

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

91. The COVID-19 vaccine may be harmful to by unborn child

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

92 . There is not enough data on the safety and efficacy of the COVID-19 vaccine for pregnant and post-partum women

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

How significantly do the following sources of information influence your opinion regarding vaccination in general?
No significant effect, somewhat significant effect, significant effect, very significant effect

93. News from national TV/radio

- ☐ Not at all Significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

94. Government agencies

- ☐ Not at all Significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

95. Social media (Facebook, Instagram, WhatsApp, telegram etc.)

- ☐ Not at all Significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

96. Discussions amongst family and friends

- ☐ Not at all Significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

97. Healthcare providers

- ☐ Not at all Significant effect
- ☐ Slightly significant effect
- ☐ Neutral
- ☐ Moderately significant effect
- ☐ Very significant effect

98. Other sources of information that influenced your opinion regarding vaccination in general

We would like to understand your opinions and preferences about the possible use of BCG or other new TB vaccines among women during or after pregnancy.

99. I am at risk for tuberculosis and as a pregnant woman, my unborn child would also be at risk for tuberculosis.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

100. I would be willing to participate in a research study to evaluate the safety of BCG vaccine given during pregnancy.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

101. I would be willing to participate in a research study to evaluate the safety of BCG vaccine given AFTER pregnancy during the postpartum period (1st 6 weeks after baby is delivered).

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree