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CASE STUDY:

Using QuIP to evaluate changes in perceptions of healthcare, health professionals and vaccinations amongst parents of young children in Roma settlements in Serbia.

- **COMMISSIONER:** Unicef
- **COUNTRY OF STUDY:** Serbia
- **INDIVIDUAL INTERVIEWS:** 36 interviews & 8 FGDS
- **YEAR OF STUDY:** 2023
- **PROJECT:** Health mediator services

ABOUT THE PROJECT

In 2008 the Ministry of Health introduced an outreach service with the aim of improving immunisation coverage, health and wellbeing within Roma settlements, a service then expanded in 2017-2018. Throughout this time, UNICEF has provided various forms of technical support to the health mediator and home visiting nurse service. In 2019 the final round of the Multiple Indicator Cluster Survey (MICS), a nationally representative survey on the situation of children and women, was completed in Serbia. The survey is undertaken every five years and from 2005 onwards it included two surveys; the first representative at the national level and second representative for the population from Roma settlements. This showed that full immunisation coverage of children in Roma settlements (24-35 months) was up from 44% in 2014 to 63% in 2019, whereas among children in the general population it remained almost the same at 80%. UNICEF were interested in understanding the context behind this change in the Roma community, and whether the health mediator and home nurse service has impacted the way mothers in the Roma community interact with formal health services.

The health mediator service intends to connect the Roma community to social welfare and health systems, providing information and education based on the needs of the parents, and ultimately increasing the health and nutrition of children to aid their development. Health mediators work in communities, organising workshops and visiting families to provide support. UNICEF have also been involved in training home visiting nurses to support families with young children. These interventions have the common goal of improving the health and wellbeing of young children, especially those who are the most disadvantaged and excluded, through providing support and education to new parents.

WHY USE QuIP?

Immunisation and health services operate in complex political and social context. UNICEF chose to use a QuIP study to explore and understand the reasons people give for engaging, or not, with institutions provided by the state. The open-ended nature of the interviews allowed the respondents to share which sources of information they found most valuable and how this impacted their health choices and behaviours. This was particularly important in this setting where mothers were receiving advice from multiple stakeholders including home nurses, hospital doctors and their relatives. This study highlighted the combined effects of personal experience, changing community norms and legislative changes around family health.

APPROACH

All respondents interviewed were women with children under the age of nine, to ensure that early childhood vaccination dates tallied with the previous MICS survey date (2014). Locations were categorised into six clusters with different characteristics, including intervention type, immunisation rates, and geographical context; see the table below for more detail. These categories were developed to allow comparison between these groups and to see if they reported different experiences. However, there were no significant differences found between these clusters.

TABLE 1: SAMPLING DATA

Intervention type	Immunisation rates	Geographical context	Planned sample	Actual sample
Health mediators	High immunisation	Not urban	6	**3**
		Urban	6	6
No health mediator	High immunisation	Not urban	6	6
		Urban	6	6
Health mediators	Low immunisation	Not urban	6	6
		Urban	6	**9**
		TOTAL	**36**	**36**

Totals: Rural: 15 | Urban: 21 | High rates: 21 | Low rates: 15 | Mediators: 24 | No mediators: 12

We attempted to capture some families who had not vaccinated their children to understand the drivers for this by targeting some areas with low immunisation rates. Researchers recorded whether respondents' children were immunised at the end of each interview, and during research the decision was made to interview three more respondents in cluster 4 (instead of cluster 1) to increase the probability of interviewing respondents who had not immunised their children. Despite this, all respondents reported having immunised their children.

The interviews were designed to be broad and open-ended to allow the respondents to speak freely about what they believed to be significant changes in their lives. To reduce confirmation bias, respondents were not aware of the specific purpose of the study, namely the impact of the health mediator and home nurse services. Researchers were trained to use the additional questions to probe further and establish what the perceived drivers of these changes were. Closed questions were also used at the end of each domain to capture overall perceptions of change in some specific areas.

The questionnaire used in this study was divided into the following relevant domains, based on UNICEF's theory of change:

- Parenting support
- Health services
- Pregnancy - including prenatal and antenatal care
- Immunisation

At the end of the interview respondents were asked to list the most important people or healthcare providers they had interacted with who had positively impacted their family. This provided further information about which organisations and individuals are at work in the community and their relative importance to respondents.

FINDINGS

Factor labels that discussed health staff/services were split into three distinct groups.

TABLE 1: TIER OF HEALTHCARE STAFF/FACILITIES

Tier	Staff/facilities
T1: Facilities *Staff that respondents would interact with in facilities such as hospitals*	• Nurse • Doctor • Paediatrician • Midwife • Hospital • Health centre
T2: Outreach *Staff that respondents would interact with in their own communities*	• Health meditator • Home nurse
T3: Other	• Health meditator

HOW TO READ CAUSAL MAPS

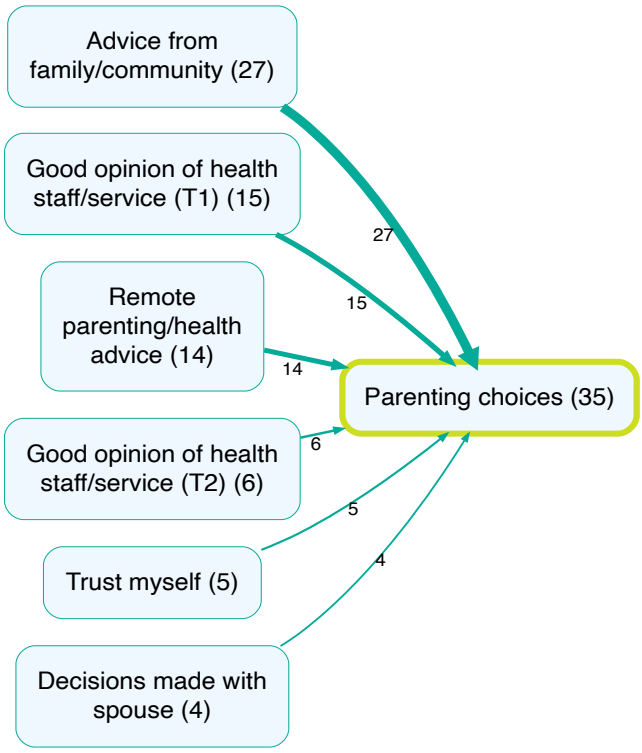
- Maps are designed to be read from left to right.
- The direction of the arrowhead on each link reflects the direction of causation or influence.
- Above each link there is a number which represents the number of participants who made that causal claim.
- Maps have been filtered and simplified to focus on the most frequent links in relation to a particular query.

PARENTING CHOICES

The interview asked mothers to discuss the areas they deemed relevant and important when raising their children. Most discussed were decisions surrounding nutrition, primarily what to feed children (**12/36**), when to start infants on solid food (**11/ 36**) and breastfeeding (**10/36**).

Most respondents (**27/36**) said that advice for parenting choices was primarily taken from family or community members. Mothers said that their relatives had the relevant experience of motherhood so were seen as trusted sources. Some respondents (**14/36**) said they also used online resources and call centres for guidance and education.

FIGURE 1: INFLUENCES ON PARENTING CHOICES



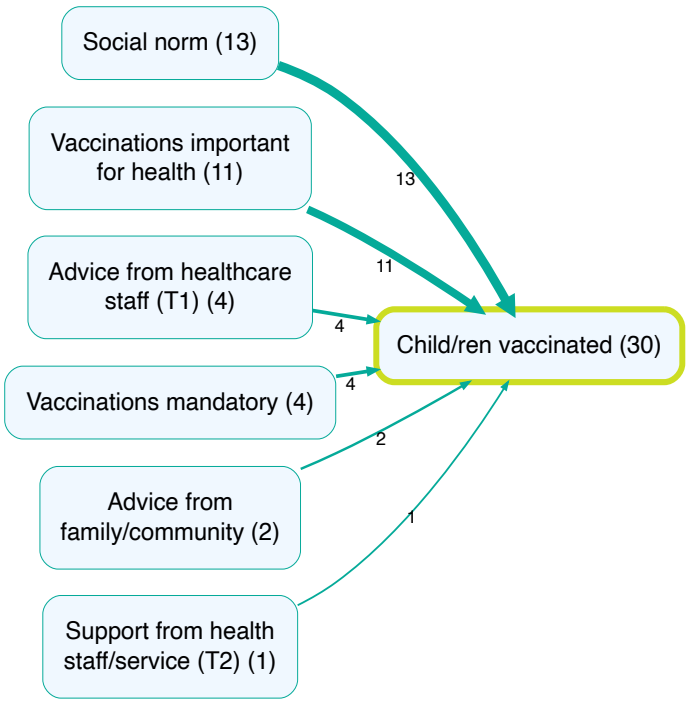
Many of those interviewed mentioned taking advice from healthcare staff, both from those working in healthcare facilities (T1) (**15/36** respondents) and T2 outreach staff (**6/36**). Advice from T1 staff, such as doctors and paediatricians, primarily influenced decisions around nutrition (mentioned by **11/36** respondents), such as diet and when to start feeding children solid food.

This map shows positive drivers of changed parenting choices, mentioned by 4 or more respondents

IMMUNISATION

All women reported that they had immunised their children who had been born between 2014 and March 2023. Answers to questions surrounding vaccinations were often brief. The researchers that conducted the interviews felt respondents may have been reluctant to elaborate as vaccinating your children is obligatory, making the topic a sensitive one. The researchers also added that from the QuIP interviews they conducted and their own informal discussions with those in the community they felt the role of the health mediator was not crucial when it came to mothers immunising their children; only one woman mentioned support from a health mediator when organising vaccinations.

FIGURE 2: FACTORS INFLUENCING PARENTS VACCINATING THEIR CHILDREN



> "They are fully vaccinated, you have to do that because of school, vaccines are mandatory. Some say vaccines are dangerous, but I don't listen to that. Well, the doctor always told me what to do, no one else. It wasn't difficult, all the information you need you get from the Primary health centre."
>
> St_467, Belgrade

This map shows all cited drivers of vaccinations

The most frequently given reason for vaccinating children was because it was 'the normal thing to do' (St_50, 2LL4). The quote above shows the decision was not always driven by a single factor, children were often vaccinated as their mothers followed the new social norm. 11 respondents elaborated that they understood the importance of vaccines to protect their children's health.

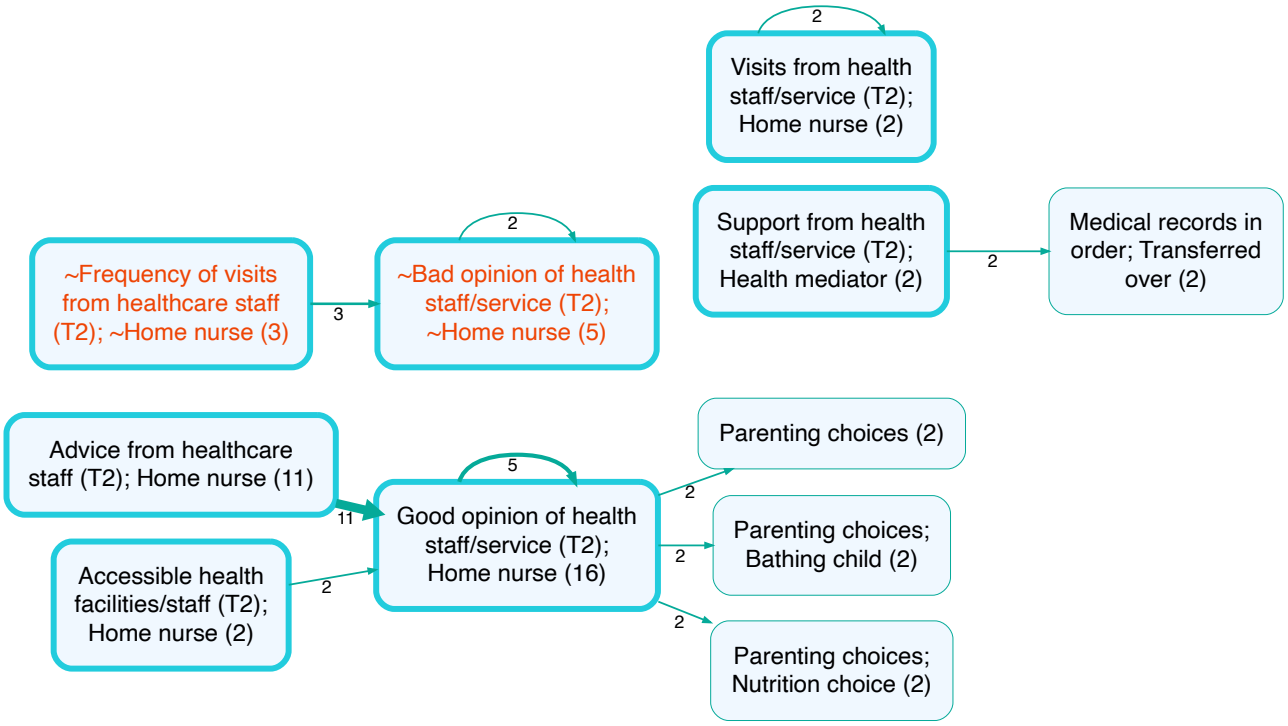
IMPACT OF HEALTHCARE SERVICES

OUTREACH SERVICES (T2)

Respondents described mixed experiences and opinions of T2 healthcare staff/services. The most frequently mentioned link related to outreach staff was that advice led to a good opinion of the staff/service. A further six mothers reported that this influenced their **parenting choices**, they followed advice around bathing children, identifying illness, breastfeeding and diet.

Seven women interviewed said there was a **health mediator** working in their local area and one had had support from a health mediator in a previous location. Of these seven, only two had received support from them during the recall period (2014-2023). Some women explained how the health mediator had supported them to get their medical records in order, which allowed them to access healthcare services.

FIGURE 3: OUTREACH HEALTH SERVICES (INCLUDING HEALTH MEDIATORS AND HOME NURSES)



Links mentioned by 1 or more respondents, one link up and down from any factors where the label contains T2

Home nurses were mentioned by most women (20/36). Women primarily reported positive outcomes from their interactions with the home nurse, such as receiving good advice, cited by 11 mothers. Five women mentioned positive personal aspects of the home nurse such as being talkative, nice or a 'good person'.

HEALTHCARE FACILITIES/STAFF (T1)

17 women mentioned that they try to avoid at least one healthcare facility, for example they may try to avoid the hospital but are happy to go to the healthcare centre. This does not imply that they never went to those health facilities, but that they had a reason to try to avoid using these services. The main reason for avoiding health facilities was a belief that they could **treat their children themselves**.

Mothers said they would try and treat the child at home, waiting until they were 'really sick' before visiting the doctor. These respondents explained they felt confident in their own healthcare abilities due to the advice of their relatives or the internet. One mother explained that she visited health facilities less since the Covid pandemic because she got used to treating her family herself during the pandemic; 'During Corona we became our own doctors'.

Mothers reported mixed experiences and opinions when it came to T1 services and staff. Negative opinions of health service/staff reportedly led to three women trying to avoid certain healthcare facilities and for five it led to them ignoring advice from medical professionals. 12 women discussed poor treatment and shared stories of staff being impolite, neglectful, or raising their voices. Many respondents held negative views about nurses; no women expressed positive opinions about them and six mothers described them as impolite.

Respondents felt most positively towards doctors and paediatricians who were often described as accessible. Five respondents said that they saw the paediatrician for adults in their family as well as children, because they liked or trusted them.

Bath Social & Development Research, curators of the QUIP, conducted this study.
For more information please see www.bathsdr.org