

Social norms affecting intake of oral polio vaccine birth dose in Uttar Pradesh, India

An exploratory study conducted in the catchment districts of CGPP India

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Background: Birth dose or ‘zero dose’ of Oral Polio Vaccine serves as a ‘Priming dose’ playing an important role in building immunity against polio. Indian children are immunized with OPV0 within two weeks of birth through the government’s immunization program. The reported coverage is however considerably lower than desired. Worldwide, studies on factors influencing OPV0 coverage found both demand and supply issues. This study highlights social norms that affect coverage of OPV0 in selected districts of Uttar Pradesh, India.

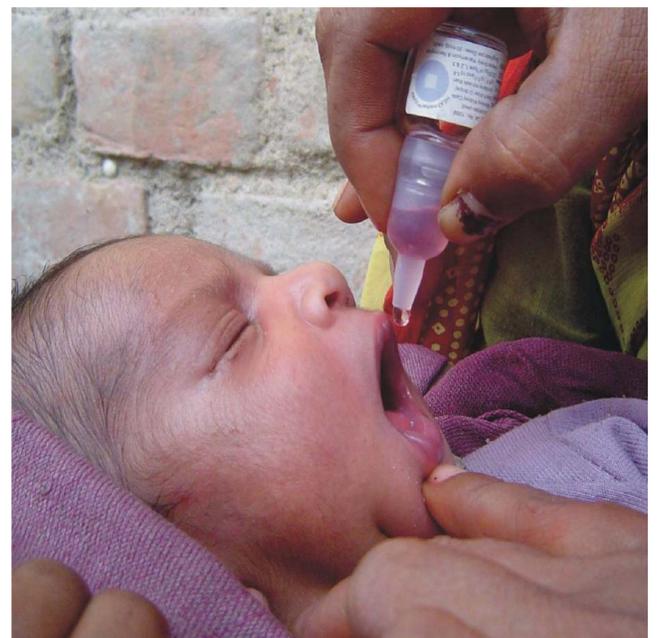
Methods: We analyzed qualitative data that was collected through key informant interviews and nominal group exercises. We listed the and prioritized the social norms.

Results: The Study explored numerous norms that directly or indirectly influence OPV0 vaccination and child rearing. Some of the determining norms of OPV0 vaccination prevailing among most socio-economic classes are **restricted mobility of delivered women and newborn during postpartum/neonatal period.**

Identified social norm – Not taking newborn out (of home) for initial 40/42 days (1¼ month) of birth

Belief: Not taking newborn out until his/her hair grows; Delivered mother ‘becomes pure after 1¼ month’ (*sawa sudha hota hai*)

Ritual : Having a pure bath on 40th day: Ghusl (among Muslims) and a *Suddhikaran* with ganga water (among Hindus)



Conclusions: The Study reveals the important role played by social norms in shaping demand for OPV0. It indicates a need for making specific communication efforts to deal with such practices. However, to provide strong quantitative support, one may design an in-depth study.

Post study interventions and results

After the OPV0 study, the CORE Group Polio Project (CGPP) introduced various social and behavior change communication activities (e.g., congratulatory card & counseling about birth dose vaccination) to break the barriers in birth dose vaccination. The CGPP addressed both the supply and demand-side issues that resulted in the significant increase in OPV0 coverage (45 % in 2012 to 78% in 2017).

