Policy Brief Series # 65

Ethnographic Insights Why Populations Refuse Polio

Introduction

Polio in Pakistan disproportionately affects Pashtuns. 80% of all polio cases originate from 18% of Pashtun population (Polio data 2010). Commonly cited reasons for this skewed representation are: lack of community support and trust of polio vaccination, programmatic constraints (outreach to remote areas), campaign fatigue and missed "pockets" within wider populations leading to persistence of poliovirus transmission in Pakistan.

This study conducted by Research and Development Solutions (RADS) in 2021-2022, seeks to explore the cultural, political, and socio-economic dynamics of refusals as well as in proximity non-refusal households, from either Pashtun or non-Pashtun origins, to better decipher the reasons behind their vaccine-related behaviors.

Methodology

In-depth interviews using ethnographic tools and techniques were conducted on 153 mother/father care givers across all 4 provinces. 17 IDIs were done with polio policy and implementers. This study was conducted over 6 months in 2021 – 2022 by RADS research team. Results from this study are being published.

Findings and Discussion

Insiders vs Outsiders

Suspicion of outsiders amongst Pashtun refusals is very strong potentially reflecting their "honor code" where us and them is sharply demarcated. In villages, "insider" means people who are from the same clan, locals and speak the same dialect. Urban migration breaks this tight definition; however, "insider" still represents affinity through a shared language if not the exact dialect.

Ideal Days and Ideal Times for Campaigns

Frequency, timing, and number of days for polio campaigns remain contentious in communities. The majority of the respondents were not happy with the too frequent visits from polio teams. Some complained that polio teams do it as "busy work". Another issue was about the timing (and privacy of households) of the visit. Polio teams tend to visit during any time of the day and sometimes intrude when caregivers/parents are busy with household chores.

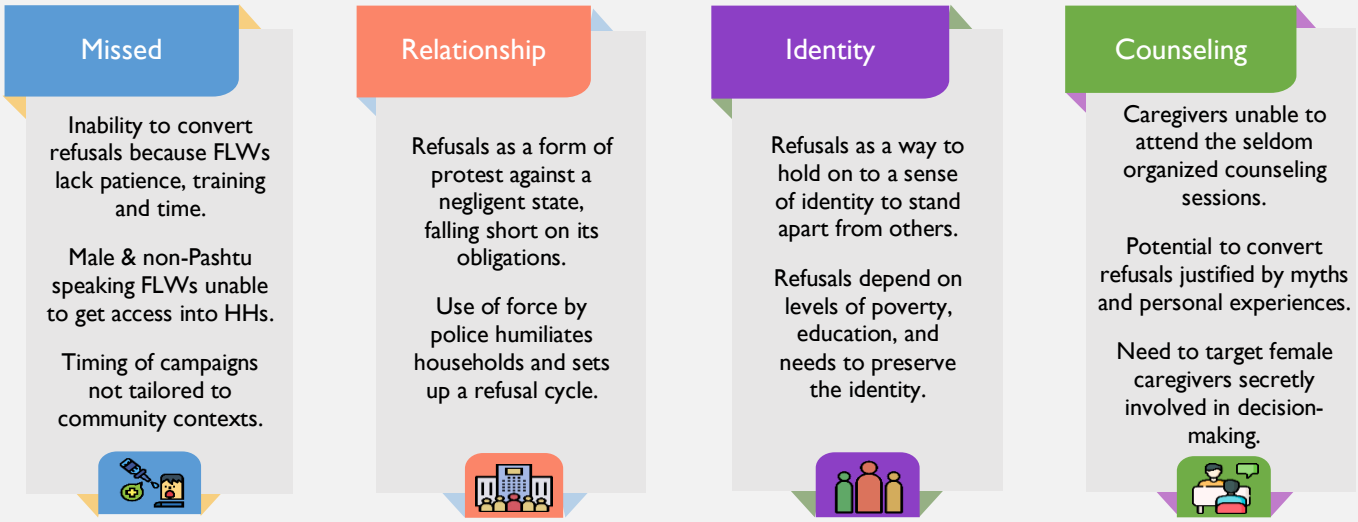
Access to Households

Since most men leave in the morning to work, their wives are not permitted to interact with outsiders, particularly other men, access to Pashtun families is limited. The limitation is further aggravated in urban areas where teams include non-Pashtu speaking FLWs[1] (particularly in non-Pashtun majority locales). Many urban Pashtun mothers are unable to speak Urdu, resulting in communication and understanding barriers.

Rushed Opportunities vs Convince Refusals

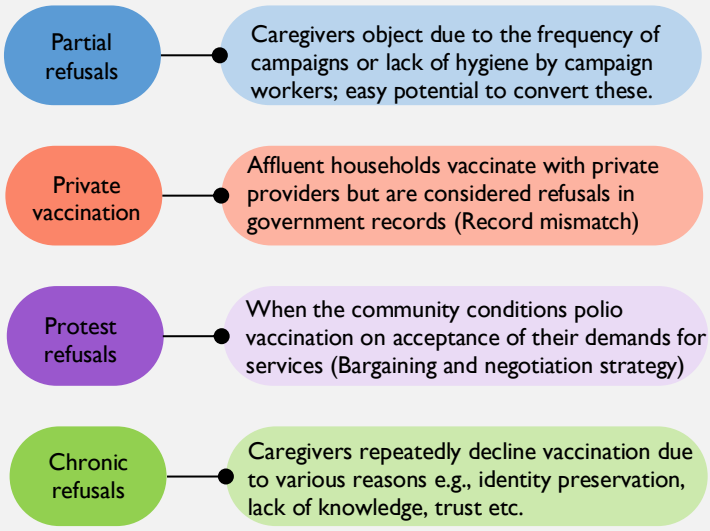
Some respondents reported that the polio staff are unable to answer their inquiries about the vaccine or its safety either due to gaps in their knowledge or due to insufficient training (usually with short term contracted members who join polio teams temporarily during campaigns). In other instances, caregivers reported finding FLWs' attitude offensive that they refuse the vaccine even if they had accepted it previously. Respondents also complained that the teams often seem to be in a rush and do not take time to answer their questions properly, hence creating elements of distrust.

Figure 1: Key Findings



[1] Front Line Workers

Figure 11: Types of Refusals



Pashtun vs non-Pashtun Caregivers

There are no fundamental differences in health-related knowledge between Pashtuns and non-Pashtun neighbors; they both receive similar information and are subject to the same myths and misconceptions. Differences in behavior outcomes are affected by levels of poverty, education, and the sense of "otherness". Most refusals among Pashtuns are among the poorest and the least educated households.

Refusal as a Form of Identity

Many of the Pashtun families live as cohesive group/ family/ tribal mores which impact how they receive, internalize and trust information and outsiders. In some instances, refusals are a way to hold on to a sense of identity to stand apart from others and may be the key defining feature of individual Pashtun household refusals.

Relationship with the State

Caregivers sometimes resist enforcement of polio vaccination when it is "perceived" as representing the State. Common perceptions were the State falling short (i.e. letting them down) of its obligations such as the provision of transport, infrastructure, health, education etc. Refusals take on the shape of protest against a State that is perceived to be delinquent and indifferent. *Use of direct confrontation and/or force further aggravates the problem.*

Use of Force

Polio teams have resorted to taking assistance from designated police officers and vaccinating children through force. This may be helpful in some cases where people get their children vaccinated out of the fear of police and the shame and/or dishonor that their presence brings. The fact that some vaccinators or campaign staff have settled old rivalries by calling police to humiliate their rivals has not helped generate trust and beneficial reciprocity (i.e. demand creation that polio vaccination helps their children sentiment). Thus, the use of police to support polio workers sets up a detrimental refusal cycle.

Engagement and Counselling

The National Emergency Action Plan (NEAP) 2020 suggests that parents and caregivers be engaged via focus group sessions, and individual counseling sessions in case of chronic refusals or continuously missed children. However, in-depth interviews (IDI) from all provinces evidence that this rarely ever happens; and in cases where people are invited for focus group sessions, they are unable to attend either due to the timings of the sessions or due to mobility restrictions for women.

Personal Experiences and Myths

In most households, refusals have more to do with personal beliefs or experiences. Refusing households cite either an adverse event among their immediate family or social network, or the views of someone they respect/trust. Once they decide to refuse, most may also cite one of the many myths that affirm/validate refusals. Myths are conserved across distant locales and over the years. This suggests the possibility that these may be post hoc justifications for refusal decisions that were predecided.

Vaccine related Decision-making: Who Decides?

Decision dynamics are specific to families, but a few trends were common across all provinces. Men are primary decision-makers in nearly all households. However, when women are alone at home, they have space to exercise some agency, via stealth. For example, some mothers allow administration of the vaccine against the wishes of their husband, but then request the polio team to not mark the child's finger.

Recommendations

1. **Ensure Local Personnel and Local Language –** using area mapping coordination between polio teams and district administration data polio FLWs must be Pashtuns particularly where there are anticipated pockets of Pashtun populations.
2. **Citizen Feedback on Convenience –** simple outreach FGDs can determine how communities would prefer to receive information, visits and campaigns. Making small customizations would create goodwill and ownership that is currently missing.
3. **Demand Generation for Trust and Reciprocity –** utilize conventional and social media, in-person community influencers to disseminate (and legitimize) demand and foster incremental behavior change to challenge myths. The State must revise its absent role and negotiate a give-take situation.
4. **Cognitive Listening and Dialogue Counseling –** Polio FLWs should receive critical training on listening and cognitive behavioral dialogue particularly for resistant households (Figure 2). Refreshers with pre-post scoring and shadow observations would help enhance conversion of refusals.
5. **Enhancing Women's Agency –** polio campaigns are unique opportunities for policy makers to embed techniques that strengthen women's agency in conservative settings.

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