Potential Barriers to implementing timely birth dose vaccination against Hepatitis B in sub-Saharan Africa: An anthropological study in Madagascar
Conflicts of Interest

The authors declare that they have no conflict of interest.

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WHO recommends birth dose vaccination against HBV

Neovac primary objective: Evaluate the feasibility of birth dose vaccination against Hepatitis B in Madagascar (as well as Senegal and Burkina Faso)

HBsAg prevalence in Madagascar: 6.9%

Andriamandimby SF et al., BMC Public Health, 2017
Anthropological Methods

Interviews with:
- Parents (n=13)
- Elderly women (n=7)
- Traditional childbirth attendants (n=8)
- Traditional health practitioners (n=4)
- Community health workers (n=3)
- Skilled childbirth attendants (n=5)
- Public health authority (n=3)
- Informal discussions with the population

Continuous follow up of 16 women

- In-depth interviews before and after birth (n = 44)
- Home observations (n=15)
- Childbirth observations (n=18)

Observation of:
- Pre and post-natal care (n=4)
- Vaccination sessions (n=6)
- Traditional childbirth attendant work sites (n=8)
- Daily interactions within community (insight into practical experiences*)
Choices beyond distance

Healthcare trajectory

Prenatal care itinerary

ANC*  
\(n=15\)

No ANC  
\(n=1\)

Socio-cultural contexts of childbirth

Health Center  
\(n=3\)

Motivations
- Complications
- Financial, emotional support
- Qualified birth attendant
- Preparation

Outside Health center**  
\(n=13\)

Social norms
- "Easy childbirth" = "normal"
- Woman ≠ financial burden
- ++ Family support

Delayed birth notification
- Traditional birth attendant proximity
- Economic, affective, social
- Flexible

Postnatal care itinerary: BCG vaccination

Timing of first vaccine (infants born at health center): 18 to 56 days

Timing of first vaccine (infants born at home): 4 to 30 days

*Antenatal care. (9 women attended ANC only; 6 combined ANC with other prenatal care (massage, traditional care))

** At home, with traditional birth attendant, or in the field
Conclusion: Birth dose vaccination against hepatitis B is unlikely to be feasible in Moramanga, Madagascar

1. Practical considerations (scheduling, distance):
   • Home delivery
   • Lack or delay of birth notification

2. Cultural priorities:
   • Newborn is too « fragile » to vaccinate: most mothers vaccinate one month after birth
   • Anxieties about secondary effects of vaccination
   • Confinement and social birth take precedence over biomedical interventions at birth

3. Lack of understanding of vaccination priorities:
   • Parents do not know or do not see as important the purpose and benefits of vaccination or the vaccination calendar
   • Deep suspicion of an “advanced strategy” of vaccination outside of health centers

4. Insufficient medical resources:
   • Lack of inputs and qualified medical staff

5. +++SOCIAL INEXISTENCE OF HEPATITIS B

Shimakawa Y, Pourette D, Giles-Vernick T. Lancet Infect Dis 2017
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Our informants in the Moramanga district, Madagascar