

# Vaccination for all children is still a long way to go in India

*Recent data indicates that over 60 percent of India's children are immunised. But ground realities about vaccination speak differently*

By: **Priti Mahara** - 10th Nov 2018 - YourStory

Gunja is a mother to a four-month-old residing in Madaipur, a remote village in Amoli block of Sonbhadra district, Uttar Pradesh. She does not want to vaccinate her newborn because she 'firmly believes' that vaccination will only deteriorate her child's health.

*"Sui lagana mujhe bilkul na-pasand hai,"* says the 22-year young mother, "I don't want to immunise my son because my father-in-law, a village quack, says vaccination will not benefit my child's health. My child will get a fever when he is vaccinated, which worries me. Also, he says that we belong to a family of quacks and nothing will happen to us." This belief has her completely reassured.

Like Gunja, many others residing in UP's Sonbhadra district feel that vaccines can have adverse health implications and is not necessary for their children's healthy future. Luvkush is a resident of Juroli village, who goes to the village quack for his family's health problems and does not want to vaccinate his five-month-old daughter, Anu. And, neither does Sangeeta, from Raipura village who has a 10-month old son.

## **Vaccination shortage**

According to the NFHS-4 analysis of UP, only 51.1 percent of children (in the age of 12-23 months) were fully immunised in 2015-16. This, however, is actually a substantial increase – in 2005-2006, less than 25 percent children were fully immunised.

The national immunisation scenario presents an optimistic picture. NFHS-4 reveals that all over India, 62 percent children (within 12-23 months) were fully immunised in 2015-16, as compared to 43.5 percent in 2005-06.

UP is one among the six worst-performing states including Assam, Dadra & Nagar Haveli, Gujarat, Mizoram and Nagaland. Significantly, in terms of Infant Mortality Rate (IMR) and Under-5 Mortality Rate (U5MR), UP stands at the top of the list as it accounts for 64 infant deaths per 1,000 live births under one year of age and 78 deaths per 1,000 live births under five years.

Even though there has been some improvement in the number of children being immunised, it discounts the prevalence of myths and lack of awareness – one of the most common issues delaying India's progress in this war for vaccines. Dependency on quacks and lack of access to adequate medical health facilities in rural areas is another concern that needs significant attention.

The on-ground experience from CRY's intervention areas reveal that occurrence of fever and body-ache post-vaccination, though very common and expected, is the biggest worry for most parents who then refrain from getting their children duly vaccinated.

“Many parents complain that they don’t want to vaccinate their child because of the fever. We address their grievances and make them understand that if a child is getting a fever, it means that the vaccine has started to work,” says Sunita Devi, a field worker from Sonbhadra Vikas Samiti, a CRY-supported grassroots level organisation working in Sonbhadra District.

But, how are these issues addressed on-ground, and more importantly, is the scenario changing the way it is expected to do?

### **ASHA-didis show the way**

When parents are sceptical about vaccinating their child, Accredited Social Health Services workers (commonly known as ASHA-didis, i.e. community health workers appointed by the government to make primary health care more accessible) aim to first address disbeliefs, shedding light on the serious health risks if a child is not vaccinated. If the issues persist, local NGO workers pitch in along with them and conduct meetings at the community levels. On-ground experiences suggest that these interventions by community workers have been instrumental in slowly but surely changing rural mindsets.

In the case of Gunja, when workers were unable to convince her about immunising her child, they held a couple of meetings with her father-in-law Rambal to change his mindset about vaccination. When Rambal was convinced, it did not take long for Gunja to agree to give her infant that lifesaving shot.

A micro-level analysis by CRY and intervention partners across 8 districts in UP reveals that 635 children (in the 0-1 year age group) are completely immunised. Statistics show an increment of nearly 20 percent as compared to last year.

Luvkush, too, who has agreed to vaccinate his five-month-old daughter Anu after community workers intervened. “Our ANM did not tell us about the imminent health hazards if we don’t vaccinate our child. Also when my child goes to ANM for vaccination, she is often told that there is a shortage of shots. Now, we know about vaccination in detail and we will get her vaccinated soon,” he says.

Luvkush’s account is likely to make us believe that we are on the right path to changing rural mindsets about vaccination. However, his experience also highlights the prevalence of another significant roadblock besides myths and disbeliefs – the accountability of health workers on-ground and the availability of adequate resources in remote areas.

Immunisation is of elementary importance, protecting children against serious diseases and vaccines also play a vital role in ending preventable child deaths. Keeping this in mind, [the government of India launched Mission Indradhanush](#), a pan-India immunisation drive, in 2014. This is to help immunise all children under the age of two as well as all pregnant women against seven vaccine-preventable diseases including diphtheria, whooping cough, tetanus, poliomyelitis, tuberculosis, measles and hepatitis-B. But the initiative is yet to yield expected results.

The need of the hour is to focus on changing societal mindsets. It is also imperative to strengthen access to primary healthcare resources via ANMs and ASHAs. Accounting for the proper channelising of funds that cater to the timely remuneration of these workers is also extremely important. Needless to say, unless the budgetary investments allocated for primary healthcare reach workers on-ground, we cannot ensure their accountability or expect to impact rural lives in the way that is required.