



Dispelling vaccine hesitancy

in tribal districts of India



Anamaya: The Tribal Health Collaborative

Anamaya, the Tribal Health Collaborative is a multi-stakeholder collaborative committed to end preventable deaths among tribal and marginalised communities of India.

About 104 million tribal peoples (approx. 8.6% of India's population) live across the nation. Tribal and indigenous peoples across the globe choose to live close to and in solidarity with nature. They play a significant role in biodiversity conservation. A significant proportion of tribal communities in India also live in hilly, forested, and remote rural areas.

Unfortunately, public health facilities in remote areas constantly struggle with lack of quality human resources, availability of drugs and equipment, inefficient process management, etc. Socio-cultural discriminations alienate tribal communities even further. High rates of morbidity, mortality, and malnutrition prevails in most tribal areas, especially in central India.

Improving the overall health and wellbeing of tribal communities is crucial to achieve India's commitment towards the Global Goals. The urgency, complexity, and the scale of the problem necessitates a consolidated and collaborative effort.

Anamaya is a unique multi-stakeholder entity committed to facilitate this effort consolidation.



What is vaccine hesitancy?

According to the WHO, vaccine hesitancy refers to a delay in the acceptance or refusal of vaccines despite the availability of vaccine services. Vaccine hesitancy is complex and context-specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence.

Consistent efforts by the central and state governments have spearheaded the extraordinary journey of administering more than 170 crore vaccines in India. Innumerable community-led efforts and coming together of various organisations have helped accelerate the process as well.

To add to the ongoing government efforts, Piramal Swasthya has taken multipronged initiatives to address the COVID-19 related healthcare challenges including reducing vaccine hesitancy across the country.



Vaccine hesitancy among tribal populations

Despite significant progress, India has missed the target of giving its entire adult population of 94 crores two vaccinations by the end of 2021.

A November 2021 article on Scroll analysed Cowin data and reported that districts with more than 50% tribal populations had significant low coverage of vaccination.

Recognising the need, as a partner in Anamaya, the Tribal Health Collaborative, Piramal Swasthya continues its effort investment with a more focused approach to address vaccine hesitancy across the tribal districts of India.

Our experiences from the field suggest that there are innumerable instances of fears, myths and misconceptions regarding COVID vaccination among tribal communities. There are also additional factors of poor access to healthcare, high dependence on daily labour to meet end's meal, etc.

Covid-19: How India missed its vaccination target

By Shruti Menon
BBC Reality Check

Published
31 December 2021
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Image source, Getty Images

Why Covid-19 vaccination coverage lags behind in several of India's tribal-majority districts

Of the 48 districts where first dose coverage is less than 50%, half are home to large tribal populations.



Representative image: A health worker prepares a dose of Covishield vaccine at a vaccination camp. | Diptendu Dutta/AFP

Doubly marginalised; restricted access to care

1 Billion Vaccine Doses, But Women, Tribals Lag

Covid-19 vaccination coverage is lowest in India's tribal-dominated districts and areas, our deep dive into district-level data has found. Women are falling behind in even the better-performing states

Benaulim, Goa and Noida, Uttar Pradesh: India has administered [1.07 billion doses](#) of the Covid-19 vaccine, but an IndiaSpend analysis of granular data shows wide disparities across regions, gender and social groups.



A group of tribal women in the East Singhbhum district of Jharkhand feared that vaccination might result in death. They also heard that many were 'possessed' after vaccination. The additional barrier they fight is extreme poverty and gender inequality. The women pick up various laborious jobs throughout the day for mere survival. Most of the men either do not earn a living or spend their earnings on alcohol and gambling. If the women fail to feed them, facing domestic violence is inevitable.

Continued engagement by the community mobilisers of Piramal Swasthya helped them fight their fears towards vaccination. Collective efforts of the district administration and Piramal Swasthya helped them receive vaccination doses by arranging vaccination locally at their places of work including markets where they sell forest produce.

Concerns from the ground

Intensive engagement with the communities unearthed a myriad of fears, misconceptions, and myths such as:

- Taking the vaccine might lead to COVID.
- People with co-morbidities will die if they get vaccinated.
- Elderly people die if they take the COVID-19 vaccine.
- Free vaccine meant compromised quality to a few.
- Vaccinations allotted for the poor people in rural areas are experimental and of low quality.
- Vaccination and most modern medication are harmful like pesticides and hybrid crops.
- Side effects of the first vaccine increased the fear of getting infected by the vaccination.
- COVID vaccine is not safe for children as they can not survive the side effects.





Response to hesitancy: Aashwasan Campaign



To minimize the impact of the third wave, it was essential to vaccinate the maximum number of people possible, especially from marginalised groups such as tribal communities living in remote areas.

Therefore, 'Aashwasan', an intensive campaign to understand and address vaccine hesitancy along with finding active cases of tuberculosis across 177 tribal districts of India is being launched in a phased manner. This campaign was designed as part of Tribal TB Initiative, a flagship project of Anamaya, the Tribal Health Collaborative.

Broadly, the objectives of the campaign that focuses on minimising the impact of COVID-19 are:

- Improving awareness regarding the COVID vaccine
- Reducing vaccine hesitancy in tribal populations
- Improving COVID appropriate behaviour (CAB)
- Improving epidemic preparedness by involving community influencers

Naikehwa: door-to-door reassurances

Village: Naikehwa

Block: Chitrangi

District: Singrouli

Background

Nestled in the hills, several communities live in the village, especially those belonging to the Gond tribe. They live at a distance from one another without proper road connectivity.

Vaccine Hesitancy

The tribal community was hesitant to take the vaccine, which had increased after a village resident had died. The community believed that taking the vaccine had led to their death.

Intervention

Piramal Swasthya team accompanied the village sarpanch for door-to-door visits to address vaccination myths. The community felt reassured and agreed to get the vaccine administered by the local auxiliary nurse midwifery (ANM).





Chanbari Supa: communicating trust

Village: Chanbari Supa

Block: Mushalpur

District: Baksa

Background

Along the Bhutanese international border, the community lives amidst lush green forests, flora and fauna. They are mostly cultivators/agricultural labourers.

Vaccine Hesitancy

The community was hesitant to take vaccines as they feared death of people post-vaccination, people not feeling well, and the ineffectiveness of vaccines.

Intervention

David (BTO, Baksa) visited an interfaith leader, Shri Anil Baishya from Namgar, to speak about the efficacy of vaccines, including elderly people from neighbouring villages who were healthy post-vaccination. Local Mahila Samiti and FLWs spoke about COVID appropriate behaviour. A community awareness walk was organized across the village, too. These efforts led to many people taking both doses.





Apin Grant: state and faith collaboration

Village: Apin Grant

Block: Katlicherra

District: Hilakandi

Background

Predominantly a Muslim community block, the community believed in myths regarding the vaccine.

Vaccine Hesitancy

Piramal Foundation staff Monirul Islam met an interfaith leader Mahmudul Hoque at the Apin Grant mosque (in Katlicherra) to understand vaccine-related fears. Hoque mentioned that men losing their virility, people getting COVID or dying despite taking both doses of vaccine, and why lockdowns and COVID appropriate measures were needed if vaccination could keep people safe.

Intervention

Monirul spoke about vaccine safety and the risks of being unvaccinated. After a few interactions, Mahmudul Hoque was motivated to speak to the community to get vaccinated. A vaccination drive at the mosque was set up, too, where 20 people took vaccines.



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१०० दिन - १०० ज़िले

कोविड वैक्सीन
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Nandgaon: dispelling myths

Village: Nandgaon

Block: Rajpur

District: Barwani

Background

Several communities live in the village, including the young and the elderly.

Vaccine Hesitancy

People feared that the vaccine made them sick (high fever or body ache after the first vaccine dose). Some had been unable to carry out their daily chores and go to work. It was believed that many elderly had passed away after getting vaccinated in neighbouring villages.

Intervention

Through collaborations with ASHA and ANM, Piramal Swasthya's community mobiliser Minakshi Yadav helped the community understand that the side effects caused no harm to their overall health. She also corrected the assumption that vaccination alone had caused deaths. After a couple of conversations, some community members got their first dose in January this year.





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Good practices from field experiences

Learning from the field suggests that it is effective to use different ways of communication strategies for different stakeholders. Transparency in communication regarding vaccination is important for motivating communities and encouraging them to work in collaboration with development partners.

Some of the good practices that have emerged while working with communities on reducing vaccine hesitancy and raising awareness for vaccine generation are:

- closely working with block and district administration to identify blocks and villages with low vaccination coverage and developing a micro-plan to address the challenge
- carrying out gram panchayat-wise workshop on understanding vaccination with panchayat presidents, ward members, gaon budhas, and faith leaders in high vaccine resistance blocks/areas.
- Facilitating vaccination camp near the community
- conducting focus group discussions with community influencers and leaders, addressing their questions, allay their fears with scientific knowledge
- Once the influencers are convinced of vaccine efficacy, co-create relevant solutions with community influencers to make the community aware of the benefits of vaccinations and subsequently get vaccinated



Good practices from field experiences



In areas where resistance is high, scare tactics may not work, on the contrary, may lead to further resistance.

Effective communication is essential to help a community overcome vaccine resistance. Listening to 'why' a particular community chooses to be resistant is imperative to bring a convincing and scientific response through whatever mode of communication the community sees acceptable.

A holier-than-thou attitude does not bring about the desired behaviour change within any community.

Rather than outrightly rejecting or condescendingly countering the faiths, beliefs or myths of a particular community, the need is to understand through respectful deliberation where their ideas and fears regarding vaccines stem from.

Piramal Foundation

Piramal Foundation's vision is to transform Health, Education, Water and social sector ecosystems through partnerships, high impact solutions and thought leadership.

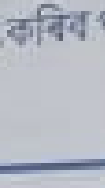
Aligned to the Sustainable Development Goals, it partners with Central Government and State Governments, international and national organisations and academia to help improve the delivery of government services in line with its values of "Doing well and Doing good".

By focusing on the most marginalized groups within India, strengthening State's ability to deploy impactful initiatives, and engaging youth in nation building efforts, it has touched the lives of 100+ million Indians in the last 15 years.





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