

# Vaccine Hesitancy: A Myth or Reality?

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17 AUGUST 2021

# Factors promoting the demand for vaccines

- ▶ The pandemic situations
- ▶ Geopolitical climate- countries competing
- ▶ Influence of pharma industry
- ▶ The fear of the pandemic and the uncertainty
- ▶ Compromised immunity
- ▶ Provides “a controlled exposure to a pathogen, training and strengthening the immune system so it can fight that disease quickly and effectively”
- ▶ Political pressure- mandatory vaccination.....

to name a few

# Vaccine Hesitancy, Vaccine confidence

- ▶ **Lack of confidence leads to hesitancy**
- ▶ Not merely an **individual phenomenon**, but a social, cultural, economic and political phenomenon as well.
- ▶ Not a **rural phenomenon**
- ▶ Not limited to **Indian Context alone**
- ▶ Not something **specific to COVID -19 vaccines alone**

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COVID-19

# Filipinos hesitant about getting COVID jab after dengue fever vaccine debacle

After a major controversy over a dengue fever vaccine, Filipinos are vaccine-wary when it comes to the COVID-19 jab.

The World

May 19, 2021 · 1:45 PM EDT

By Ashley Westerman

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Published on Africa Can End Poverty

# What is driving COVID-19 vaccine hesitancy in Sub-Saharan Africa?

NEIA PRATA MENEZES, MULOONGO SIMUZINGILI, ZELALEM YILMA DEBEBE, FEDJA PIVODIC & ERNEST MASSIAH | AUGUST 11, 2021

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As African countries accelerate the deployment of COVID-19 (coronavirus) vaccines, the issue of vaccine hesitancy looms. Globally, there has been a rise in [general vaccine hesitancy](#) but especially [towards COVID-19 vaccines](#). In Africa, hesitancy must be viewed in the context of significant vaccine shortage; hesitancy does not explain fully the low vaccination rates in Africa. The [slow vaccine rollout](#) on the [continent](#) is due to supply constraints, structural issues, and [logistical](#) barriers.

The critical question is how to increase both supply and demand. A [2020 Africa Centre for Disease Control \(Africa CDC\) survey in 15 countries](#) found that while 79% of respondents would take a COVID-19 vaccine, vaccine hesitancy ranged from four to 38% (see figure 1 for more estimates). In a

recent five-country Afrobarometer survey, six out of 10 citizens in Benin, Liberia, Niger, Senegal and Togo were hesitant to get vaccinated. [learn more about cookies, click here.](#)



# India has a vaccine hesitancy challenge

Misguided hesitancy and fake information about vaccines are a substantial threat to the elimination of the pandemic.

## Covid India: Women in rural Bihar hesitant to take vaccines

### INDIA NEWS

#### Four in 10 adults above 70 show reluctance to vaccine: Study

The survey, conducted over the phone with 4000-plus participants, also found that 57% of the unvaccinated in the 70-plus age group were concerned with the safety or efficacy of the vaccine and 29% thought they were too old to receive the vaccine.

#### Covid-19: India Inc grapples with vaccine hesitancy

#### Vaccine hesitancy puts India's gains against coronavirus at risk



Only less than 5% of India's people are fully immunized. (REUTERS)



## Autism and vaccines: more than half of people in Britain, France, Italy still think there may be a link

August 22, 2018 7:24pm AEST

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One of the most frustrating misperceptions in our many studies on what people commonly get wrong is the enduring myth that vaccines pose a risk to healthy children. It's particularly

Author



**Bobby Duffy**

Visiting Senior Research Fellow,

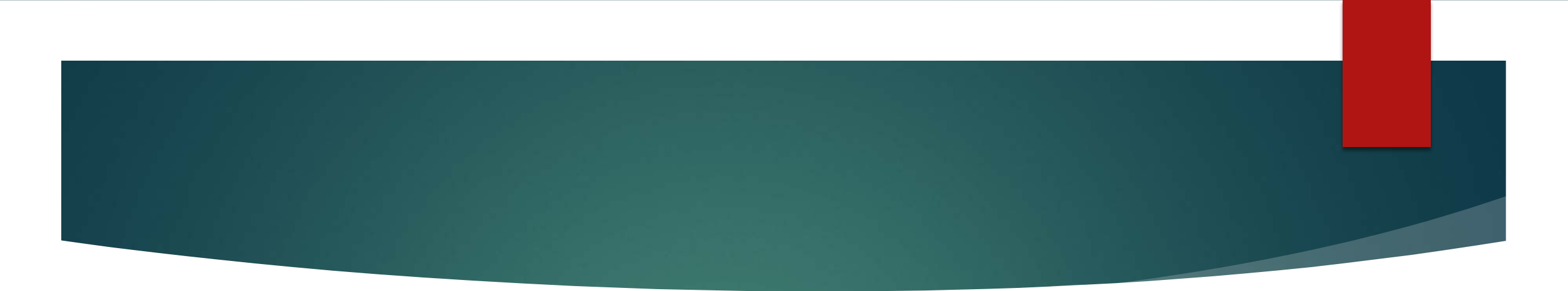
- ▶ Linking the measles, mumps and rubella (MMR) vaccine to autism in the UK in the 1990s caused levels of vaccination to fall significantly in some parts of the country. This led to a reduction in herd protection, which has resulted in outbreaks of measles and mumps in recent years.

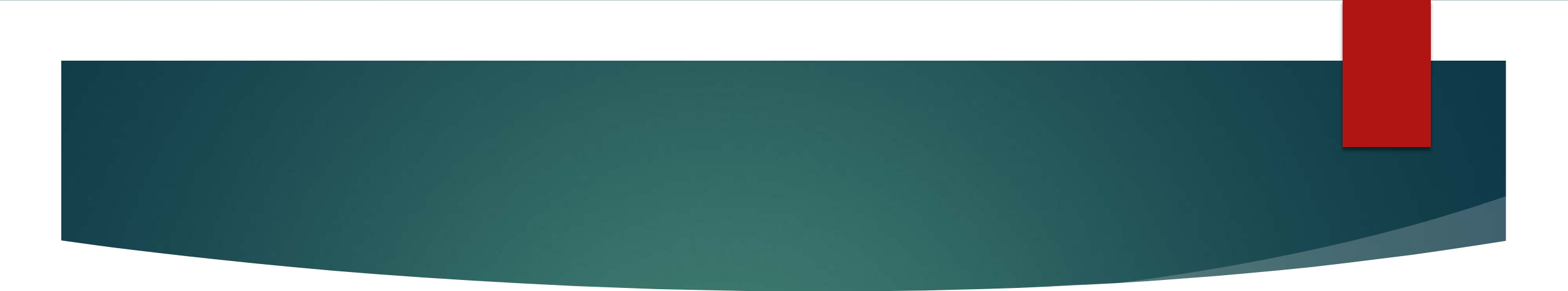
# Key Factors

## I. Lack of Trust and Confidence

- The conduct of clinical trials at warp speed, the lack of transparency of information at every stage of vaccine development
- the fast track approvals, basis for the emergency authorisation approvals,
- uncertainty about possible adverse effects
- the lack of a robust mechanism to address adverse events following immunisation
- based on past experiences of interface with the health system.
- vaccination policy-changing the dosage interval
- funding- Pharma role
- the lack of involvement of the community and civil society in the vaccine policy development



- 
- ▶ Costs (expensive in pvt sector) ,logistical barriers, supply of vaccines (Africa)
  - ▶ Lack of care for the same, concerns about inability to work, Gendered decision making within households,
  - ▶ Access to vaccine booking and vaccination centers (digital literacy, distance, associated costs, disability, etc).
  - ▶ Political pressure and coercion



**II. Rumours:** Social media and messaging platforms are also filled with unverified claims and rumours about vaccines.

- lead to infertility in the rural youth

- deaths within 15 -20 days of getting the vaccine

- ▶ **Misplaced perceptions** about vaccination

Don't take the vaccine before and after 5 days of your periods because immunity will be very less during periods;

**III. Religion and cultural beliefs**



कुछ लोगों का यह मानना है कि टीका लगाने की ज़रूरत ही नहीं है

लोगों में जानकारी की कमी है- क्या है वैक्सीन/टीका ? कैसे लगना है ? क्या होगा लगाने से?

लोगों के मन में डर था कि टीका लगाने से फ़ायदा कम और नुक़सान ज़्यादा है

लोगों को यह भी डर है कि टीका लेने से हम मर सकते हैं | लोगों के मन में यह चिंता है कि “बीमारी मारे न मारे, कहीं टीका न मार दे!”

लोगों को यह भी लगता है कि अगर नुक़सान नहीं भी होता है, तो कोई फायदा भी नहीं है

## Can incentives or disincentives address the problems of equity and access to vaccination?

- ▶ Incentives/disincentives are a slippery slope that create conditionalities for access, aggravate exclusion and do not address the real concerns that pose barriers to vaccination.
- ▶ Linking social security, food security incentives to acceptance of vaccination for people, especially the vulnerable, is questionable from social justice and impinge on their rights.
- ▶ Compulsory Covid-19 vaccination won't help – coercion will increase hesitancy, not reduce it, “It is unethical to deny people the basic right to work, even more so when access to vaccines remains unequal”.(Ref Sandhya Srinivasan, Scroll)

TIRUCHIRAPALLI

# Vaccine hesitancy still prevalent among people, says Collector



STAFF REPORTER

TIRUCHI, AUGUST 14, 2021 20:34 IST

UPDATED: AUGUST 14, 2021 20:34 IST

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At least 10% of people who took the first dose of the COVID-19 vaccine hesitate to take the second jab when it was due. Of the 35.8% of the people who had taken the first dose of the COVID-19 vaccine, only 24.5% have taken the second dose, Collector S. Sivarasu said.

There is a significant gap, and only if at least 50% of the population is fully vaccinated, can the people be protected from being admitted to the hospital with COVID-19 related complications. While a section of the people is reluctant to take the second dose, many are yet to take the first dose too, the Collector said addressing a press conference here on Friday.



# Uttar Pradesh: Vaccination is mandatory for businessmen who are 45 years and above or else would not be allowed to open their shops

## Covid-19: Locals get gold nose pin, hand blender at a vaccine camp in Gujarat's Rajkot

The move is to encourage more people to get vaccinated as the drive is now open to anyone above the age of 45 years.

By hindustantimes.com | Edited by Poulomi Ghosh  
UPDATED ON APR 04, 2021 11:06 AM IST



Free gifts for those who get vaccinated at the camp of the goldsmith community in Rajkot. (ANI)

GaonConnection  
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August 16, 2021

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## Show COVID19 vaccination certificate, get ration under PDS, says IMA. Health experts protest

The Indian Medical Association has also asked the Centre that all citizens above the age of 18 be allowed to be vaccinated, as opposed to the current age limit of 45. However, the Union government has said that the aim of the vaccination drive is to administer the COVID19 vaccine to those who need it, not those who want it.

## This Bihar district to give gold coins and home appliances to those taking COVID-19 vaccine

IANS | 09 Jun 2021, 01:37 PM IST

NEWS / CITY NEWS / CHENNAI NEWS / Tamil Nadu: For Kovalam Residents, It Pays To Get A Shot

## Tamil Nadu: For Kovalam residents, it pays to get a shot

TNN / May 31, 2021, 06:35 IST

# Provide incentives to counter vaccine hesitancy: Health activists

**They could be additional ration or extra days of MGNREGA work, they say**

Health activists attached to Jan Swasthya Abhiyan (JSA) here on Wednesday called for providing incentives to counter COVID-19 vaccine hesitancy in the rural areas, while affirming that it would help accelerate the pace of vaccination among the villagers who were reluctant to get the jab because of lack of knowledge or out of suspicion.

The JSA, which functions as the Rajasthan chapter of the People's Health Movement, said the incentives could be in the form of additional ration from the public distribution system, extra days of MGNREGA work, such as 150 days of guaranteed wage employment instead of 100 days in a financial year and hot cooked meals or additional ration to pregnant and lactating women from Anganwadis.

# Show COVID19 vaccination certificate, get ration under PDS, says IMA. Health experts protest

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News / Coronavirus Outbreak / Free biryani, chance to win lucky draw for getting Covid-19 vaccine in Tamil Nadu's K

# Free biryani, chance to win lucky draw for getting Covid-19 vaccine in Tamil Nadu's Kovalam

*In order to encourage people of Kovalam in Tamil Nadu to get vaccinated, good samaritans have taken the initiative to provide free biryani and chance to participate in lucky draw to those who get themselves vaccinated against Covid-19.*

Chhaya Pachauli @ChhayaPachauli · 5 Jun

What audacity! Collector of tribal dt. of Pratapgarh in [#Rajasthan](#) blatantly threatened that those who don't get [#COVIDVaccination](#) won't get ration and [#mgnrega](#) wages!! What right does she have to bully poor this way? She must take her words back n issue an apology immediately. 😡

### कलक्टर ने वैक्सिनेशन कम होने पर कर्मचारियों को लगाई लताड़

By: Devishankar  
Suthar

Published: 02 Jun 2021, 08:18  
AM IST



प्रतापगढ़/बारावरदा. जिला कलक्टर रेणु जयपाल ने मंगलवार को बारावरदा का दौरा किया। यहां

स्वास्थ्य कर्मी व आंगनबाड़ी कार्यकर्ता, एएनएम, आशा सहयोगिनी को लताड़ लगाई। इस मौके पर सरपंच उंकारलाल मीणा, ग्राम विकास अधिकारी धनराज मीणा, बारावरदा राशन डीलर गणपत सुथार, कैलाश मीणा तलाया को भी निर्देश दिए कि खाद्य सुरक्षा के पात्र लोगों को राशन तभी दें जब वैक्सिनेशन लगवाकर आए। बिना वैक्सिनेशन के राशन नहीं दिया जाए। नरेगाकर्मियों को भी नहीं होगा भुगतान



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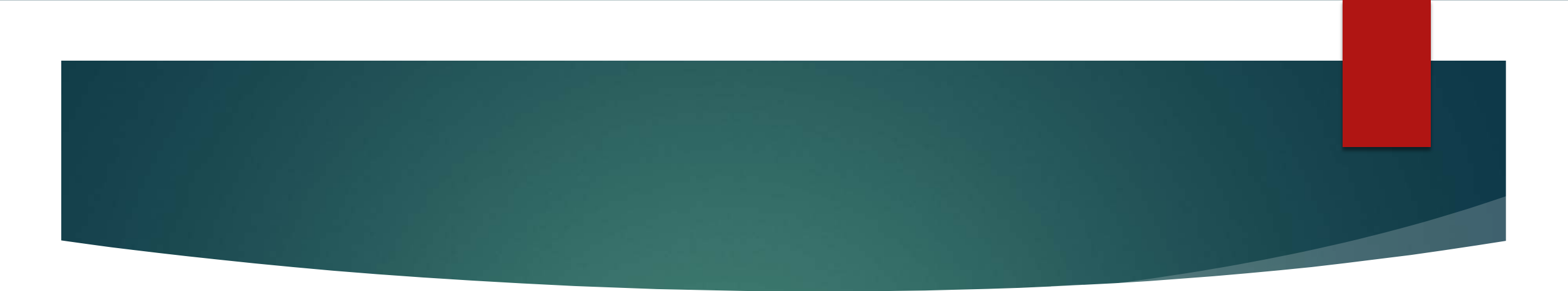
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- ▶ Mostly, people said they were concerned about the vaccines' side effects, followed by doubts about the drugs' efficacy, the survey showed.

- ▶ Social media posts discrediting vaccines are also a major cause of hesitation, according to the health department.

CORONAVIRUS CRISIS

## Why vaccine hesitancy should not be tackled through a carrot and stick policy

What is needed is better public health communication.

**Sarojini Nadimpally**

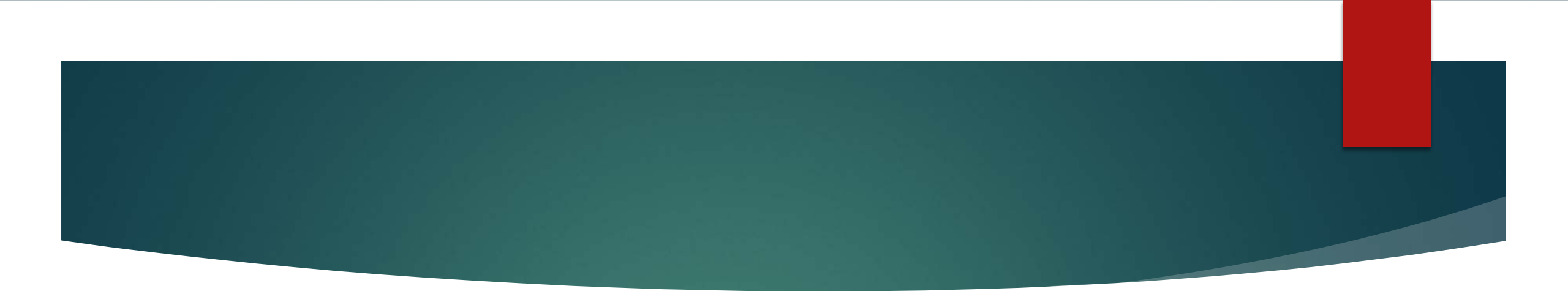
Jun 18, 2021 · 07:30 am

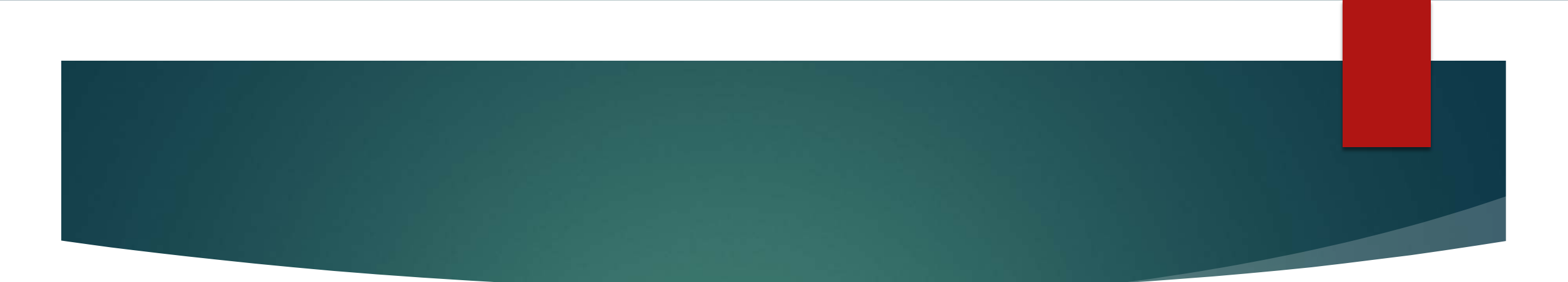


# To address vaccine hesitancy

It is extremely important to understand the regional and cultural practices of the communities,

- ▶ their health-seeking behaviors,
- ▶ the local language/dialects,
- ▶ their experiences, their fears,
- ▶ challenges to their mobility to access vaccination sites,
- ▶ capacity to navigate through the digital divide.

- 
- ▶ Vaccine hesitancy does not arise out of the thin air overnight. These rumours, myths, and perceptions aiding hesitancy prevail in the absence of credible and accessible information.
  - ▶ The need for such a reliable source of information and public health messaging is more crucial especially for the marginalised, to make informed decisions about vaccination.
  - ▶ In absence of such a source, the vaccine uptake is inevitably impacted.

- 
- ▶ This must be accompanied by reliable information on the vaccine availability, regulatory issues related to transparency around approvals, licensing and monitoring AEFI
  - ▶ Incentives and disincentives cannot compensate for these gaping holes in information dissemination and solve the larger structural inequities.
  - ▶ Coordinated efforts between the government and civil society, community leaders, frontline workers, health care providers and media.



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