

COVID-19 vaccine hesitancy: why it is critical to address?

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Researchers around the world are conducting studies to better understand many aspects of Omicron, the new variant of the coronavirus, and continuing to share the findings of these studies as they become available. Researches are also being conducted to determine whether a fast-spreading coronavirus poses a threat to COVID vaccine effectiveness.

Globally there are more than 27 crore confirmed cases are found of COVID-19 and more than 53 lakh people died due to the disease till Dec 2021 (WHO). In India, it is estimated that nearly 3.5 crore people have been infected and has caused over 4.7 lakh deaths as of Dec 16, 2021

(Aarogya Setu App) and the number is increasing every day affecting thousands of families and paralysing economies, cutting incomes and leading to an increase in unemployment, particularly among the socio-economically marginalized and vulnerable sections of the society.

It says that it takes seventeen years to move medical research from bench to bedside. However, for a pandemic like COVID-19, such a time lag is intolerable. As the situation was difficult all over the world, therefore serious efforts have been made by the scientists and researchers working day and night to shorten the period of research and make available a vaccine to fight against COVID-19.

However, the availability of the different vaccines wasn't surety of their acceptability too. The susceptibility to take the vaccine to protect from the virus was found high in many parts of the country.

Some researches, like one done by CMS for the UNICEF in early January 2021 showed that the general urban and rural population of different states of India has had high trust in the process of development of vaccine as well upon the

health providers to accept the vaccine when made available.

At the same time, alarming was the prevailing low perception about the threat from COVID-19 among



a large section of the population, particularly in rural areas, just before the second wave, that affected the vaccination drive to achieve a desirable rate. It should have been anticipated because previous research studies on the reach of a hepatitis B vaccination program (Baars et. all, 2011) have shown that higher perceived severity of the disease increases the intention to receive the vaccination but conversely, perception of influenza as a mild disease reduced willingness to get vaccinated.

In absence or non-availability of any medicine to cure COVID-19, acceptance of vaccine as a preventive mode is thus expected to be high. However, that isn't the case. It indicates that the strategies for combating the pandemic require many more serious and innovative efforts to educate and communicate to the general public about the vulnerability and the risks involved in avoiding the vaccination.

One was the lack of communication strategy and messages that can highlight the high risk and vulnerability along with the vaccine efficacy results available through clinical trials as well as the success rate of vaccination drive among health warriors.

It was required as the misinformation spread through multiple channels could have a considerable effect on the acceptance of a COVID-19 vaccine. The frenetic pace of vaccine development may

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play into concerns such as the lack of a long-term safety record and could compromise acceptance (Cornwall, 2020).

Though influenced by the Positive Deviance theory, the government aimed to vaccinate the frontline health workers to vaccinate followed by the eminent personalities of different fields and celebrities were used to be vaccinated and prominently showcasing their vaccinated status on social media platforms to reduce the hesitancy and increase the acceptance, however it couldn't produce desired results as far as vaccine hesitancy was concerned.

Vaccine hesitancy critical to address

CMS research findings observed that majority of the general population were more forthcoming to share the vaccine-related concerns and hesitation of others rather than their own.

However, a few health warriors along with a section of participants having a better socio-economic profile did share their apprehension, about the expedited clinical trial and approvals of vaccine for use. They raised the concern about the efficacy of the vaccine being not fully tested.

Complacency towards COVID Appropriate Behaviour (CAB) protocols by the public was another contributing factor for the emergence and spread of the second wave of COVID-19 in March 2021. CMS formative research too indicated similar practice, particularly among the rural and tribal population, along with youth, due to their preconceived notion of having strong immunity or preference for natural herbs and care, and not much inclination towards getting vaccinated.

As media too reported and the study findings though in a limited way also brought out, reluctance among a section of the population to get vaccinated as it

goes against their religious belief, was also not completely unfounded. Refusal or delay in getting vaccinated contributes to gaps in vaccine uptake and immunization coverage—a significant factor in controlling or eliminating vaccine-preventable diseases (VPDs), which due to non-availability of any cure, stands true for COVID-19, as well.

Convenience-related issues, such as accessibility, in terms of distance and timing; and affordability of price of vaccine are the other contributing factor to Vaccine Hesitancy. The proportion of economically weaker section population has increased substantially due to the closure of livelihood activities as a result of lockdown and restrictions imposed by the government agencies.

An anthropological perspective on vaccine hesitancy

No doubt, as suggested by WHO, vaccine-hesitant individuals are a heterogeneous group who hold varying degrees of indecision about specific vaccines or vaccination in general. Vaccine hesitant individuals may accept all vaccines but remain concerned about vaccines; some may refuse or delay some vaccines; some individuals may refuse all vaccines.

From an anthropological perspective, psychological, sociocultural, and political factors are key influencers. In the context of COVID-19, these could include

- **Personal belief systems or community-level belief systems**, from religious to cultural to philosophical notions, or belief in alternative forms of medicine, such as homeopathy, Ayurveda is a big factor for reluctance towards vaccination. Contextual factors, such as conflicts and other external circumstances; and vaccine-specific issues, such as adverse events or research

findings; accessibility, and pricing further add to the hesitation for getting vaccinated.

- **Pandemic-related anxieties and stress** due to loss of livelihoods and compelling priorities affect decision-making because basic needs get priority. Due to stress, the marginalised community also faces difficulty in processing the right information and source from wrong and fake ones.

- **Marginalised populations are deprived of resources-** Experience of limited access to resources makes it difficult for poor people to believe that they are getting an equal opportunity like others to get vaccinated, and doubt is genuine because most of the time better off and influential people generally grab the resources and poor continue to remain deprived of the benefits.

- **Power dynamics in the family-** Generally, the decision-making in the Indian families rests with the male members hence low priority is given to get the women of the family vaccinated, revealed CMS-UNICEF study. Women engaged in the informal economy fear more of opportunity cost to avoid vaccination. Around 45% of the respondents were worried about the number of days they would be out of work after getting vaccinated (SEWA Bharat, 2021).

- **Vaccination of adults** is not considered 'normal' as the history of adult vaccination coverage in India is dismal (Verma 2015). As a renowned cardiologist, (late) Dr. KK Aggarwal way back in 2017 in one of his blogs had mentioned that over two-thirds of the Indian adults are not aware of adult vaccination, as many think that vaccines are only for children.

- **Perceived severity increases the intention to receive vaccination**, as could be seen during and post 2nd wave, which witnessed a heartbreaking increase in mortality of COVID infected persons in India. To add to it the fear of 3rd wave

reduced vaccine hesitancy. Anthropological analysis in the past of how illness and healing function in "traditional cultures", shows that willingness has been motivated by the desire to observe and analyse, not to change (Ohio, 1988). Vaccination seems like unknown territory, while the COVID environment is under their control.

- **Political inclination and rhetoric** also affect vaccination drive adversely. Mistrust in governments is a factor for those reluctant to be vaccinated. A global survey of potential acceptance of a COVID-19 vaccine and posted on nature.com shows that in the survey carried out in June 2020 among around 13,000 people across 19 countries, people with little trust in government were less likely than others to say that they would get a vaccine. Similarly, the COVID-19 Symptom Survey (CSS) conducted by the University of Maryland and Carnegie Mellon University, in partnership with Facebook shows that among the 'No, definitely not' group, other significant reasons for hesitancy included not trusting the government. Further to add, deficiency in the supply of vaccines was used for scoring political points but on the other hand, it dampens the motivation to get vaccinated among the followers of these political fronts.

The above factors emphasizes the much-needed preparedness to tackle pandemic like COVID-19 not only in terms of investment of resources on R&D, infrastructure, and human warriors but also continued sensitization of different stakeholders, particularly politicians, media persons, community influencers, and the general public on differentiating between genuine concerns and rhetoric statements.

Correct identification and posing faith and reliability on experts and official mouthpiece is a must to win the war against situations like the COVID-19 pandemic.

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