

Humanities' Approach in Understanding and Reducing Stigmatisation of Vaccine Hesitancy in the Post Pandemic Era among the Schedule Caste Community in India

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Abstract

Vaccine hesitancy or the stigmatisation around it has always been lurking around the behaviour of Indians which was particularly evident during the Covid vaccine drive. The scientific facts around the usefulness of the vaccines preventing the spread of Covid-19 Virus are known to all. However, it was relatively unsuccessful in generating a positive image about the accessibility and relevance of the vaccine, especially for the people from the more modest ways of life. The identification of the reasons behind this phenomenon, and the understanding of why such a phenomenon would occur have to be studied through different approaches of humanities for the common people to be made aware of the dangers of being exposed to the pandemic and the process of getting vaccinated. In India, the already marginalised community of Schedule Caste, the so called "untouchables" were already socially drained due to the human rights abuses they had to go through historically and the vaccine stigmatisation was evident in these marginalised communities. Therefore, this paper aims to analyse how social sciences would find the reasons behind the hesitancy of vaccination, the various parameters affecting people's perception and the preferable policies and programs which would help reduce the stigmas and thus create a positive atmosphere for the vaccine campaigns. Therefore, a multidisciplinary approach of looking at this vaccine stigmatisation can help us have a better understanding of the problem. This paper will try to bring forth into notice the theoretical aspect of the following factors: Is it possible through subjects from the discipline of Humanities like developmental studies, psychology, sociology etc to look for a suitable solution towards vaccine hesitancy? Is there a complete way out of this vicious circle?

Keywords- Vaccine Hesitancy, Stigmas, Humanities, Schedule Caste.

Introduction

One of the most extraordinary diseases of human history which has engulfed the entire globe and disrupted the lives of every individual in an unprecedented manner is the Covid-19 Pandemic. The disease, which has the capacity to spread at a ferocious rate if the carrier comes in contact, was caused by a newly discovered coronavirus. Affecting the health of millions, the virus has been the focal point of the whole world since the last months of 2019 and has been going on till the vaccines preventing the disease came in for public use. The Covid-19 Pandemic which has shook the base of every life has created a dramatic and unexplained loss of human lives, specifically challenging the field of public health.



Despite the loss of lives and the emergency behind finding a vaccine, the hesitancy among people against the vaccination drive has problematized and criticized the vaccination drives launched by the nation states. However, because of the multidimensional nature of the issues faced during the pandemic as well as the post pandemic era, the problem of vaccine hesitancy and the fluctuating rates of 'vaccine confidence' ¹can be safely considered an important aspect of the social alongside its relation to the health and healthcare sector. The limitation of the scientific discourse is clear here. Although the scientific facts related to the making of the vaccines and the information related to trial phases were available, it is not enough to persuade the minds of the people. The human welfare aspects of this vaccine hesitancy must be looked at from the perspective of the well-being of the people in a society or belonging to a community, who may or may not have been marginalized. A humanitarian aspect is what is needed the most in this regard for the people to have a pro vaccine mindset or a higher 'vaccine confidence' rate. The subjects of humanities and social sciences take the society as a laboratory and studies and understands the behavioural aspects of human beings and thus providing a suitable agenda for the vaccines to be applied to all the societies. Introducing a new vaccine has always been a tough job as the target populations are always different because of the global ethno-cultural diversities. The chemicals in the vaccine may be the same but the vaccines need to be implemented differently in different societies according to their context and that is where humanities comes in. Therefore, behaviour analysis of the whole population before the commencement of any strategies in the society is important². This analysis becomes especially important in the case of the marginalized groups, who, before the pandemic, have also led a life of discrimination, even for the most basic needs. Here, the paper intends to look at the Schedule Caste community and create a humanities' lens to identify and understand the issues behind developing probable vaccine hesitancy.

Therefore, to highlight the necessity of implementing a multidisciplinary approach of understanding the vaccine hesitancy, the paper investigates the different approaches of humanities and social sciences for identification of the issues that can generate from the social ties and hierarchies of the Schedule Caste community.

Literature Review and Methodology

The work, "The Role of Attitudes About Vaccine Safety, Efficacy, and Value in explaining Parents's Reported Vaccination Behavior" (Katherine Hart LaVail, and Allison Michelle Kennedy, Oct 2013) highlights the fluctuating 'vaccine confidence' in parents' behaviour towards vaccinating their child³. With the vaccine preventable disease coming into being, the vaccine hesitant behaviour was evident as well. The vaccine confidence in this study can be determined as: confidence in the safety of vaccines, in the efficacy of vaccines and confidence in the value of vaccines. Following that, the literature "Vaccine hesitancy and trust. Ethical aspects of risk communication," reflects how in the past with cases of measles reoccuring in Europe, the peoples' hesitancy showed as a big threat on safeguarding the overall

¹ a term has been used to represent a variety of different concepts, such as safety, necessity, and efficacy, limiting our understanding of the impact of different components related to vaccine confidence and vaccine hesitancy. It may not be helpful to think of vaccine confidence as part of vaccine hesitancy, but rather as its reverse, or the positive attitudes parents may have that help explain their choice to accept vaccination for their child.

² In the context of COVID 19 vaccines, the gathering, analysis and use of behavioural and social data aims to understand the characteristics of priority target groups and related influences.

³LaVail KH, Kennedy AM. The Role of Attitudes About Vaccine Safety, Efficacy, and Value in Explaining Parents' Reported Vaccination Behavior. Health Education & Behavior. 2013;40(5):544-551. doi:10.1177/1090198112463022



immunization.⁴ The study discusses how vaccination should be discussed so that it becomes ethically accepted and the ethical aspects of risk communication.

The report published by World Health Organisation in 2020 "Vaccine Acceptance and Uptake" shows the after process of making a vaccine in the lab, when it is time to use it in the field of practice in different societies of different contexts. The report searches for methods and approaches to have a pro vaccine behaviour among the common people. However, the Policy Brief published by World Health Organisation in 2021, "Covid-19 and mandatory vaccination: Ethical considerations and caveats", took a normative perspective of the mandatory vaccination policies and discussed the ethical dimensions to have an all-inclusive vaccinated population with the ethical aspects being accounted for. Here, with the coming of the ethical considerations the report has a humanist approach.

The work "Ensuring Rights while Protecting Health: The Importance of Using a Human Rights Approach in Implementing Public Health Responses to Covid-19" authored by Sophia A. Zweig, Alexander J. Zapf, Chris Beyrer, Debarati Guha-Sapir, and Rohini J. Haar, shows the human rights approach which is a part of the studies of humanities⁷. The study focuses on results of the curbing of liberty and autonomy of individuals due to mandatory policies during Covid-19 and the human rights abuses and thus bringing in a humanities' approach.

The literature, "Countering Covid-19 anti-vaccination propaganda" authored by Harris Zainul in November 2020, highlights the need of the government to increase Public Awareness and reduce anti vaccine propaganda. The paper gives importance to public communication to inculcate a pro vaccine behaviour.

Emphasising on the importance of public awareness and public communication, the literature on "Vaccine Hesitancy and Online Information: The Influence of Digital Networks" by Rebekah Getman, Mohammad Helmi, Hal Roberts, Alfa Yansane, David Cutler, and Brittany Seymour, talks about the misinformation and misleading posts of the online world and how they increase in the numbers in vaccine hesitant community.⁹

The literature "Caste and Covid-19: Psychosocial disparities amongst rural Indian women during the coronavirus pandemic" authored by Zishan Jiwani, Vaishali V. Raval, Miriam Steele, Simon B. Goldberg, highlights the caste disparities and the intersectionality of inequalities during the pandemic and the psychological effects of it ¹⁰. An article on "Caste and

⁴ Nihlén Fahlquist, Jessica. "Vaccine hesitancy and trust. Ethical aspects of risk communication." Scandinavian journal of public health 46, no. 2 (2018): 182-188.

⁵ Habersaat, Katrine Bach, and Cath Jackson. "Understanding vaccine acceptance and demand—and ways to increase them." Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 63, no. 1 (2020): 32.

⁶ World Health Organization. "COVID-19 and mandatory vaccination: ethical considerations and caveats: policy brief, 13 April 2021." In COVID-19 and mandatory vaccination: ethical considerations and caveats: policy brief, 13 April 2021. 2021

⁷ Zweig SA, Zapf AJ, Beyrer C, Guha-Sapir D, Haar RJ. Ensuring Rights while Protecting Health: The Importance of Using a Human Rights Approach in Implementing Public Health Responses to COVID-19. Health Hum Rights. 2021 Dec;23(2):173-186. PMID: 34966234; PMCID: PMC8694292.

⁸ Wilson, Steven Lloyd, and Charles Wiysonge. "Social media and vaccine hesitancy." BMJ global health 5, no. 10 (2020): e004206.

⁹ Getman, Rebekah, Mohammad Helmi, Hal Roberts, Alfa Yansane, David Cutler, and Brittany Seymour. "Vaccine hesitancy and online information: the influence of digital networks." Health Education & Behavior 45, no. 4 (2018): 599-606.

¹⁰ Jiwani, Zishan, Vaishali V. Raval, Miriam Steele, and Simon B. Goldberg. "Caste and COVID-19: Psychosocial disparities amongst rural Indian women during the coronavirus pandemic." Journal of Social Issues (2022)



Public Health" by Awanish Kumar, highlights the contradiction of the Indian health system, where it has the best healthcare facilities among the developing countries but deep socioeconomic inequalities in the accessibility of the healthcare system. ¹¹The lacunas in the public health facilities towards the marginalized communities during Covid-19 period stands as a proof of the inequalities.

The literature on "Gender Equity and Covid-19: Dalit Standpoints" brings in the perspective of gender and the social spaces of the Schedule Caste community being more restricted during the time of lockdown. ¹²The article by Gopal Guru, "Rise of the 'Dalit Millionaire': A Low Intensity Spectacle" highlights the economic position of the Schedule Caste community. ¹³Despite the economy being in a better position for some SC communities using their identity for the betterment, such a situation is not available for all everyone in the community. The resources though available are not accessible to everyone.

All these literatures could be interlinked to form a correlation in the vaccine hesitancy being evident in the marginalised communities. In the Indian context, various parameters of the Schedule Caste community being hesitant to take vaccines can be found and the approaches of Humanities to solve it should be discussed. Our search in this paper will be for the same.

The paper, thus, reflects on the already existing knowledge on vaccine hesitancy and tries to form a narrative around the necessity of understanding the issue from the perspectives of different approaches of humanities and social sciences. It serves as a critical investigation of the stigmas around vaccines, its accessibility by every member of the society, the social hierarchies that are associated with the vaccine hesitancy to form a discourse of multidisciplinary and holistic understanding of the issue.

The collection of secondary data available on the academic literature developed around the topic and an extensive literature review of the collected secondary data helps us derive at the understanding of the literature gap. The data collected has been analysed through the discourse analysis, where the pre-existing literature has been criticized alongside the backdrop of having a holistic approach to understanding the issues, underlying and visible by investigating the approaches of humanities and social sciences and their themes.

Vaccine Hesitancy as a Social Threat

The Covid-19 pandemic saw the massive loss of lives in every part of the world over the span of two years. The need for finding a cure and the subsequent manufacture of a vaccine, although late, can be considered as the biggest win for humanity in this century. However, the vaccine drives launched by the nation states met with another problem, vaccine hesitancy. Vaccine hesitancy, apart from being a problem that needs to be solved, the problem itself stems from several reasons that the scientific studies have not been able to answer. The World Health Organisation (WHO) has made efforts in increasing the popularity of the benefits of the vaccines and removing the stigma associated with it.

¹² Patil, Smita M. "Gender equity and COVID-19: Dalit standpoints." Economic and Political weekly 56, no. 11 (2021): 1-10.

¹¹ Kumar, Awanish. "Caste and public health." (2020).

¹³ Guru, Gopal. "Rise of the Dalit Millionaire": A Low Intensity Spectacle." Economic and Political Weekly (2012): 41-49



The Report by WHO on 'Vaccine Acceptance and Uptake' has given five approaches through which the people can be made aware about the pandemic and the reality of getting vaccinated. The first approach asks for attention to listen to and understand target populations, to generate behavioural and social data on the drivers of uptake and to design targeted strategies for policymakers and enforcers to respond. The understanding of the issues faced by a certain community brings in the social dynamics for which an understanding of the sociological and anthropological aspects is extremely important. The collection of social and behavioural data requires an ethnographic, or observative or anthropological study to be conducted at a certain region, for which an understanding of the social is necessary.

The second approach suggested by the WHO is to build a supportive and transparent information environment, addressing misinformation through social listening and assessments that inform digital engagement initiatives. This must be done as awareness programs; here the role of NGOs, INGOs and civil societies. The third approach prescribed by WHO is by building trust and acceptance of the vaccines through engagement of communities by civil society organisations, particularly for vulnerable target populations. The tasks like social listening and building of a safe environment could be achieved through proper sociological study and building trust groups accordingly. A strong network of Development and Administration study is important as well.

Next, providing health workers with the requisite knowledge of Covid-19 vaccines as trusted influencers and vaccinators, giving them the skill to communicate effectively and persuasively with target populations and communities is the fourth approach. The fifth approach suggests preparing countries to have planning in place to mitigate any resulting cries of confidence. The most important way to look at this is by understanding the politics of vaccination where solidarity among the political parties and cross-border governments was the need of the hour.

Therefore, factors like community engagement, communication, advocacy meetings, civil society networks, risk communication ¹⁴ and so on are not a product of science but of humanities and thus amplifying their importance in the sphere of vaccine hesitancy in the post pandemic era.

Vaccine Hesitancy amongst the marginalised

Vaccine Hesitancy in the marginalized communities can be considered as needing immediate attention among all the dangers people faced in the Covid-19 pandemic. The necessity arises from the established discourses on class, caste, gender, religion, sexual minorities that point out how the marginalized communities have been discriminated against in all aspects of life. Understanding the translation of this discrimination in society to the motivation for and processes of the vaccination drive is, thus, an important aspect of this paper.

Now as this study revolves around the Indian context, it could be mentioned that the importance of the disciplines around Humanities has gained even more importance as a conundrum of normative aspects are a part and parcel of Indian society. All the disciplines

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¹⁴ Risk communication is the real-time exchange of information, advice and opinions between experts or officials and people who face a threat (from a hazard) to their survival, health or economic or social wellbeing. The purpose of risk communication is to enable people at risk to make informed decisions to mitigate the effects of a threat (hazard) – such as a disease outbreak – and take protective and preventive measures.



connected to the various objectives by WHO are of utmost importance for the big question around the vaccine hesitancy to be solved among the Indian population. Here, more emphasis has been put on the vaccine hesitancy the Schedule Caste community had shown in India, the reasons behind it and the outcomes. Moreover, the economical, historical, sociological, and psychological aspect of the community and importance of these subjects in reducing vaccine hesitancy has also been described in the following paragraphs.

Vaccine Hesitancy in the Schedule Caste community

The Schedule Caste community in India is the under-privileged minority group of people considered as an outcaste according to the four-fold Varna System. The Varna system being connected with each of the occupations regards the Schedule Caste community as belonging to the sweeping class. Despite having different laws and policies, the SC community has been facing different kinds of atrocities before and after the implementation of various policies. Hence, any policies or laws cannot be properly implemented to them as easily as the rest of the people. The policies on vaccination had a mandatory angle to it. To be a part of public life, the people were forced to take the vaccine prior. Moreover, the customs of the pandemic involved the process of quarantine as well which had a psychological effect on the minority community. This is because the SC community had always been cornered and the fact that the main prevention of Covid-19 was isolating oneself, it had a psychological impact on them that the government is now making them cornered from the mainstream population. Therefore, in such a sensitive scenario, the normative reasons for vaccine hesitancy need to be checked upon.

Mandatory policies can be formed but it can curb individual liberty. ¹⁵The case of Schedule Caste community could be seen here, as in the sphere of public trust, special importance should be given to minority populations and the historically disadvantaged ones. Mandatory policies might be equated by them as oppression. Without a humanistic approach available to the disadvantaged communities, they might connect the mandatory vaccination policies of the government with unethical medical policies, health policies, structural inequity and so on. There is an angle of legal vs ethical obligation to it as well. A legal obligation will attract less people as the legal obligation might seem as coercion on the disadvantaged. However, the ethical obligation has a normative angle to it. Moreover, in a way it can be said that public health intervention can and has been practiced discriminatorily by restricting the already restricted space of minorities. Here, the vaccination policy acts as a public health intervention towards the minority community. Therefore, studying the minority population through a human rights lens is important in this whole discourse of policies for mandatory vaccination.

Before delving into the various parameters of vaccine hesitancy, let us first see the problems the people from Schedule Caste community faced in general during the crisis. It should be mentioned here that this population is already socially drained due to the human rights abuses they face through symbolic violence and due to the pandemic, apart from the

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¹⁵ It is not uncommon for governments and institutions to mandate certain actions or types of behaviour in order to protect the wellbeing of individuals or communities. Such policies can be ethically justified, as they may be crucial to protect the health and wellbeing of the public. Nevertheless, because policies that mandate an action or behaviour interfere with individual liberty and autonomy, they should seek to balance communal well-being with individual liberties



structural problems, they also had to go through psychological effects like anxiety, and depression.

The pandemic had led to very fewer choices of workspace. The Schedule Caste who was already not allowed to all the areas for working were further constrained. This has led to a heavy financial loss. This loss has in turn led to the factor of affordability of the vaccines in the minds of the destitute. Accessibility becomes another question, as the Schedule Caste belonging to the lowest rung in the caste strata faces the problem of untouchability ¹⁶and questions their eligibility to go to a local pharmacy and take a vaccine.

The quarantine isolation during the lockdown seemed like a vacuum to this population. This is because the area where they live is a confined space with more people living in a single room and so they had no proper isolation strategy. As the act of prevention, i.e., being isolated was difficult for them, therefore the cure, i.e. the vaccine seemed a far-fetched dream for that population.

Moreover, the parents are very hesitant in providing their child with vaccines. This is because of the misconceptions that surface through various pseudo-online news platforms. For example, an unsubstantiated link between the MMR vaccine and autism had fuelled doubt in the safety of childhood vaccines. (Poland and Spier, 2010).

Therefore, keeping all the structural, psychological, and emotional reasons behind hesitancy into account, the normative reasons related to vaccine hesitancy need to be considered as well to contribute to restoring and maintaining trust. The EU Commissioner for Health and Food Safety recently stated that public distrust in immunization is a serious threat to public health.¹⁷ An ethically well deliberated vaccination policy is normatively important in a society based on notions of fairness, democracy, and respect for individuals.

Looking at the historical, economical, sociological, and psychological aspects of the community which has made it more hesitant and stigmatised towards vaccination in the post pandemic era, it is seen that these problems related to the field of humanities could be solved by the field of humanities only.

Historical issues

In the Indian context the Schedule Caste Community has always been the most destitute. Despite the government passing the Scheduled Castes and Tribes (Prevention of Atrocities) Act in 1989, India has always been engulfed in the Caste atrocities and the symbolic violence. The SC community being at the so-called lowest rung of the social strata have faced problems in every arena.

The mandatory vaccination policy seemed harsh on the people as the aim of the policy was to take the doses of the vaccine within a given stipulated time. Moreover, there is this possibility of them equating the mandatory policy as oppression. It can also be mentioned here that just giving out the vaccine in the marketplace is not the end of the problem. The evil of

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¹⁶ untouchable, also called Dalit, officially Scheduled Caste, formerly Harijan, in traditional Indian society, the former name for any member of a wide range of low-caste Hindu groups and any person outside the caste system. The use of the term and the social disabilities associated with it were declared illegal in the constitutions adopted by the Constituent Assembly of India in 1949 and of Pakistan in 1953.

¹⁷ Even though vaccines are promoted by physicians and agencies, vaccine resistance, vaccine scepticism or refusal increases.



'untouchability' is conditioned so deeply into the minds of the people that problems like taking vaccines in the public sphere (the vaccination centres) amidst the so-called upper caste people can become a problem in many places as well.

The way forward here, does not only start with the commencement of vaccination policy but also from a very basic level. The school curriculum could be made such that the students learn to be more sensitive towards the social evils and the stratification. If the curriculum teaches the varna system as an intrinsic part of the Hindu culture, then there is no doubt that the students would be conditioned to treat the Schedule Caste as untouchables. This is the long-term road. In the short lens, the implementation of the said policy protecting the disadvantaged, awareness campaigns in different areas, NGOs creating social awareness and helping the destitute, strong civil societies and political support to these groups are what the humanities or humanitarian field has to offer in order to save this group of people from the historical disadvantages and the recurring problems following through.

Economic issues

The economic pandemic created by the Covid-19 virus has in specific affected the disadvantaged communities. The already destitute community of Schedule Castes who were restricted in most of the workspaces were further cornered as most of them belonged to the labour workforce and after the country went into lockdown, there was not much space left for them to work at. The problem of accessibility and affordability also kicked in as getting vaccinated seemed like a far-fetched dream for them in a situation where survival became their only aim. Moreover, most of the registrations for vaccination was done by the Arogya Setu app. The online process was alien for most of the participants as they were not mobile savvy and most of them did not even have an android phone with proper internet connection.

Therefore, the way out here could only be awareness campaigns and appointing officers to let the people know what the government is offering to the destitute and how to access it. However, critiques find out that there is an unfortunate combination of failure to control the pandemic implying more economic distress. ¹⁸ Moreover, as was evident, the NGOs working along the lines of development studies helped in relief measures and was the way forward for the Schedule Caste community.

Psychological issues

Studies often on the psychological aspects of the pandemic and post pandemic era could be seen where the population goes through problems like anxiety, depression, post traumatic stress disorder and so on. Among this whole population, the disadvantaged communities are affected the most. The linkages between the historical, social, and economic disadvantages have led the psychological problems to increase. The historical disadvantage leading to the mandatory policies being seen as oppression and does leading to anxiety and depression; the social disadvantages being interconnected with the economic disadvantages has led these people to receive the least of the resources available has led to untimely deaths and thus forming posttraumatic stress disorder (PTSD); has led the people to think of the vaccination campaign as nothing but another government propaganda to subjugate the community.

¹⁸ Excessive centralisation and top-down control, without coordination between central and state governments; Inadequate investment in and preparation of health systems, facilities, and personnel

Parsimony of the relief measures, despite inflated declarations about the official packages; Further privatisation of state assets and relaxation of regulations relating to land, labour, and environment.

Class, caste and gender biases of the policy responses; and Suppression of democratic rights and crackdown on dissent during the lockdown

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In such a scenario, appointment of psychological counsellors not only in the hospital cubicles but also in the grassroot level of the various small areas is the need of the hour. India is already weighted under the taboos of mental health well-being. In such a case, the Schedule Caste community could not even realise what problem they were going through before becoming a victim of the same.

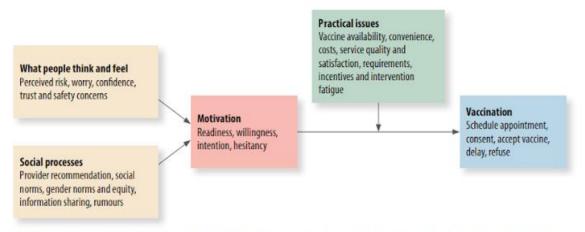
The 'Other Lens' for Vaccine Hesitancy

The discussions and deliberations show how the ethical aspects of vaccination are a recurrent theme in public health. Specifically in the case of the Schedule Caste community of India, the normative aspects of a vaccination policy are as important as the making of the vaccine. This is because at the end of the day it is the human beings which we are targeting.

The article by Sophia A. Zweig, Alexander J. Zapf, Chris Beyrer, Debarati Zuha-Sapir, and Rohini J. Haar, prescribes the following recommendations for the future policies and practices for the humanitarian or normative aspect to be present in the mandatory vaccination policies.

- The individuals and leaders from disproportionately affected populations as equal partners in all aspects of the public health agenda are to be engaged to establish liaisons to their communities. For example, the place community liaisons from vulnerable groups on decision-making committees so that their expertise can inform policy design to address the needs of vulnerable communities;
- The need to explicitly recognize the impact of public health interventions on human rights and emphasize a human rights-focused approach to Covid-19 public health policymaking. To cite an example, to acknowledge human rights restrictions as consequences of Covid-19-related policies and incorporate the Siracusa Principles into national, state/provincial, and local laws and policies;
- The identification of specific populations that may be affected by policies and interventions and understanding the specific risks and challenges arising from these policies is an important aspect to be checked. For instance, the addition of local, state/provincial, and national-level reporting requirements on the differential impacts of public policies, such as stratification by gender, race, ethnicity, income, etc.;
- The improvement of data collection related to vulnerable populations and factors related to human rights and health equity for these groups must be seriously conducted. For example, relaying qualitative and quantitative feedback from monitoring public policy directly to policy makers to inform them about the impact of policies and the data needs for policy monitoring;
- The usage of these data to guide the development of more robust, targeted public health policies and to refocus existing policies and interventions by centring the Covid-19 response around the most vulnerable and marginalized groups. Ensuring that future public health policies consider the impacts on vulnerable communities and that protections are formally integrated into legislation are important examples of this recommendation;
- The support and resources of communities known to be particularly affected by specific policies are to be focussed on. For example, to provide financial, social, and health service support for communities disproportionately impacted by Covid-19.

Therefore, after going through the recommendations, it could be seen here that the recommendations suggested by the scholars have a strong inclination towards the humanitarian aspects or normative aspects of the vaccination policy apart from its scientific significance.



Source: The BeSD Expert Working Group. Based on: Brewer NT, Chapman GB, Rothman AJ, Leask J, Kempe A. Increasing vaccination: putting psychological science into action. Psychol Sci Public Interest. 2017;18(3):149-2017.

This diagram shown in the report by the World Health Organisation shows the importance of Humanities in the uptake and demand for vaccines not only for a specific population but for the whole world. Apart from the practical points the points like 'what people think and feel', 'social processes', 'motivation', 'consent' etc are what makes humanities to stand out in the global arena in terms of it being a way forward in reducing vaccine hesitancy among the masses.

Conclusion

Studies show that refusal, scepticism, and lack of trust could be based on social, political or safety related assumptions and concerns which indicates that it is a complex issue. The existence of some anti-vaccination groups, unable or unwilling to change their minds can never be ruled out and so the focus should be on this group and building and sustaining trust with them. The Schedule Caste community's vaccine hesitancy should be dealt with after learning and understanding the narrative they face and live every day. The need is to have a bottom-up approach and look at all the cracks/gaps in the structure of the system and try to fill/fix them as we try moving ahead.

It would be prudent to involve the local health machinery in order to make progress. This could involve utilizing community-based health infrastructure where available, or even establishing new infrastructure where necessary. Moreover, in order to enhance the environment for immunization, a robust and coordinated communication management system should be implemented, which would involve private medical sectors and professional societies. The aim of this system would be to educate providers and foster partnerships. It is of utmost importance to identify the barriers to successful immunization, which necessitates the disclosure of clinical trials data. Policy documentation and activities must be carried out with respect for ethical propriety, distributive justice, beneficence, and respect for human dignity. Justice dictates that vaccination efforts should adhere to these values.

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