

A GODDESS DEFIED

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"Often, before uneducated villagers would agree to submit, the vaccinators would have to jab themselves in front of the entire community, to prove that there was nothing harmful!"



Late in May 1975, at the sleepy little eastern border town of Karimganj, Indian smallpox field workers zeroed in on the railway station and successfully isolated a victim of the disease — Saiban Bibi, aged 30, a woman migrant from Bangladesh. That was the last time any of the several thousand people employed by India's Smallpox Eradication Programme had occasion to use their skills.

It had been far from smooth sailing, and at the outset there was a critical shortage of manpower. Mr. L.R. Tiwari, a former vaccination inspector who spent 20 years combating smallpox told me: "Before 1960, Delhi with 2.5 million people had just one vaccination superintendent and 35 vaccinators (and the capital has always been more fortunate than the rest of the country). When the smallpox pilot project was started in 1960, staff strength was raised to 37 inspectors and 176 vaccinators. This permitted a door-to-door survey of the entire population and every individual got his or her primary vaccination".

But the primary task was not so much reaching individuals as overcoming ignorance and prejudice. *Shitala Mata* has for centuries been worshipped as the goddess of smallpox, and temples dedicated to her are dotted around the country. Some devotees believed she spilled grain from a basket on her head every time she shocks it, and each grain turned into a smallpox pustule. Victims survived if she used water from the pitcher in one hand to clean the spilt grain, but did not survive if she used the broom which was in the other. Some people worshipped smallpox cases as being blessed by the goddess. Relatives and friends would come miles to pay homage—and merely succeeded in spreading the infection.

So it was not surprising that many refused to be vaccinated against what was considered to be the goddess's generosity. Another vaccination inspector, Aman Hussain, recalled: "When we first went into the field, people got agitated and soon became violent. The police had to intervene". But that solved few problems.

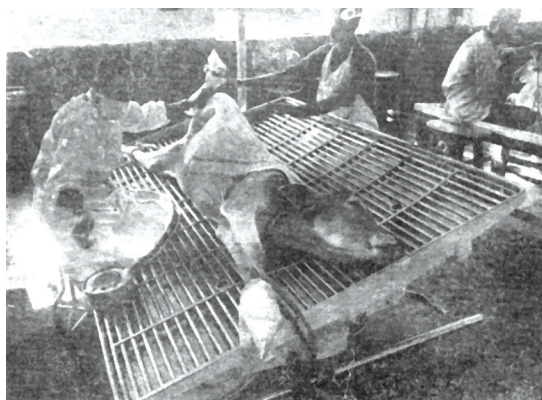


The “bullets” that helped to exterminate a killer disease. Serried ranks of freeze-dried vaccine doses in an Indian Laboratory

“The people were agitated about the vaccine, which was believed to come from the cow and was therefore against the Hindu religion”, said Mr. C.B. Sharma. “Religious groups like the influential business-oriented Jains and the Namdhari Sikhs even started heated campaigns against it. Villagers claimed that their kids died following vaccinations, and undoubtedly some did. However this was because they would rub cow-dung on the fresh vaccination, thus causing tetanus. Or they would immediately suck- out the vaccine. But the blame was invariably put on the vaccinator, who received an extremely hostile reception whenever he returned”.

Often the vaccinators would first have to jab themselves in front of the entire community, to prove that there was nothing harmful. Mr. Tiwari himself did not campaign. But the remark: “I had to give myself smallpox vaccinations four to five times a year. And every time it worked. We would persuade freshly vaccinated cases to stand around for 15 minutes so the vaccine would dry, and we

warned them of the grave consequences of applying cow-dung. When protected kids didn’t die in any of the post-1959 smallpox epidemics, opposition to vaccination faded away. There has been no smallpox in those villages and slums for the last 20 years, even though some devotees to *Shitala Mata* began worshipping the inflamed vaccination scab on the eighth day!”



Freeze-dried vaccine being prepared from virus grown on the skin of a living animal — a calf

Over the years, conditions and awareness throughout the country underwent a sea change. Back in 1958 it would take hours to persuade just one man to take his shot. Field workers would travel miles to track down a case, who might be carried from village to village just in order to dodge treatment. “Today when we go into the fields, we’re welcomed”, Dr. N.K. Gupta, Delhi’s Medical Officer for Communicable Diseases, said with evident satisfaction.

Most crucial to eventual success was the new WHO strategy implemented from 1973. Rather than vaccinate every individual—an impossibility with 650 million people—it was decided to concentrate available resources on areas with

smallpox cases. Detection was a critical feature, achieved largely through publicity, with the offer to rewards for anyone finding a sufferer, and house-to-house searches for cases of fever with rash.

“We have now started taking immediate containment measures on the report of any case of infectious disease”, Dr. Gupta told me. “Patients are removed by flying squad to the Infectious Diseases Hospital and their homes and surroundings are immediately disinfected. Anyone who came into contact with the case and those living around are given prophylactic

immunisation. The area is investigated to find out any source of infection or any additional case. We wait and then try to delimit the area in the event of secondary cases”.

In the light of long years of experience in the field combating smallpox, what would the field workers do to contain the menace of infectious diseases? They unanimously acclaim the measures spelled out by Dr. Gupta—not for the sake of agreeing with a superior, but out of a genuine belief in the superiority of the successful WHO strategy.

Courtesy: WHO