

Immunisations for babies and pregnant women



Photo: A new born child receives their immunisations from the government nurse.

Health education in the Rajasthani villages where we work is often very poor, with many women and their husbands unaware of the reasons for immunisations. Although the government has made them available, there have been limited efforts made in raising awareness of their benefits. Only around 25% of families see the value of immunisations, 50% have decided not to immunise their child and 25% are suspicious of the injections. These

suspicious are exacerbated further when mothers see other babies catching a light fever for 24 hours after their immunisations.

GVNML has been running an immunisation programme since 1996, approaching the problem from two angles. First by educating young women with training materials on each vaccine and what it protects against, ideally just before they get married and fall pregnant. It's also important to convince the rest of the family, particularly male members. Secondly, we work closely with the government employed Auxiliary Nurse Midwife to facilitate the process of giving injections, keeping records, encouraging staff to be more proactive and to make it easier for women and their children to have the vaccines. Each pregnant women receives a tetanus course, and babies follow a 12 month programme which includes Hepatitis B, BCG and Diphtheria.

Ideally we would like to see all children immunised, but as some women migrate with their infants, or visit their mother's house in a different area for a long period with the new born baby, only around 85% is possible. In 2002, 17% of mothers in our focus villages were receiving the tetanus vaccine, now the figure is almost 90%.