Intended for healthcare professionals

Research

Improving immunisation coverage in rural India: clustered randomised controlled evaluation of immunisation campaigns with and without incentives

BMJ 2010; 340 doi: https://doi.org/10.1136/bmj.c2220 (Published 17 May 2010) Cite this as: BMJ 2010;340:c2220

- Article
- Related content
- Metrics
- Responses
- Peer review

All rapid responses

Rapid responses are electronic comments to the editor. They enable our users to debate issues raised in articles published on bmj.com. A rapid response is first posted online. If you need the URL (web address) of an individual response, simply click on the response headline and copy the URL from the browser window. A proportion of responses will, after editing, be published online and in the print journal as letters, which are indexed in PubMed. Rapid responses are not indexed in PubMed and they are not journal articles. *The BMJ* reserves the right to remove responses which are being wilfully misrepresented as published articles.

Sort by Date Published **Order** Descending **Items per page** 10 Apply

Re: Improving immunisation coverage in rural India: clustered randomised controlled evaluation of immunisation campaigns with and without incentives

Just like India and most countries, immunization services are offered free in public health facilities in Kenya, but often than not, access to and quality of these services is hampered by shortage of health workers especially in rural areas.

services with outreach sessions for example Vitamin A supplementation, family planning, antenatal care, bed net distribution, deworming, growth monitoring and curative care. DPT1 coverage was a principal indicator of access to immunisation services; while DPT3 coverage measured the utilisation of these services. However, another integration strategy of hygiene interventions with vaccinations only increased vaccine coverage in urban areas while that of rural areas either remained unchanged or increased.

Based on these findings as well as your findings which reported large positive impacts of small incentives on the uptake of immunisation services in resource poor areas, socio-economic status may be an important consideration when designing sustainable strategies for scale up of immunization coverage and utilization.

Rose Kiriinya Kinyua
Project Data Analyst; Emory University Kenya Project
Research Inter, Great Lakes University of Kisumu
Email: rose.kiriinya@emorykenya.org

Competing interests: No competing interests

15 May 2014
ROSE KIRIINYA KINYUA
Data Analyst
Emory University Kenya Project
P.O BOX 7808-00200 NAIROBI

Improving immunization? The politics and problems of research questions and answers

Response to: 'Improving Immunisation coverage in Rural India:
clustered randomized controlled evaluation of immunization campaigns with and without incentives" (17th May 2010) issue of BMJ.

I have three critical issues to raise with such a study.

1. What is the notion of governance existing for the researchers. Their attempt to run down the idea of existing government policies thru the presentation of such data and also the idea of introduction of incentives, aims to vilify and squander existing government policies and offer

3. My third point is located at the design of the RCT and the grave violations it represents. At one level the RCT, the systematic review seem to be coming from the purely secular, scientific and objective domain , which Is equalizing everyone under the rubric of its 'method' on the other hand the 'method' itself beholds within it a political economy of research and research foundations. With its foundations set in Logical positivism it addressess people as if they were without nation, a history, a race, without poverty and also without gender. They are removed from all contextualization's and their dreams, demands, dignity and desperations are played upon to satisfy the vily production factories of western researchers. There is nearly an methodological irreverence, towards issues of historical deprivation, poverty of races and nations and their policies at the core of even such a study.

Bibliography

Foucault, M (1973), The Birth of the Clinic, Routledge, London.

Lambert, H., Gorden, E., Bogdan-Lovis,E.,(edited),(2006) Social Science and Medicine, Gift Horse or Trojan Horse? Social Science Perspectives on Evidence-based Health Care.

Kleinmann, A (ed.) (1978), Culture and healing in Asian societies : anthropological, psychiatric, and public health studies, G.K. Hall.

Feyerabend, Paul (1981), Realism, Rationalism and Scientific Method: Philosophical Papers Vol. 1, Cambridge University Press, USA.

Latour, Bruno & Steve Woolgar (1979), Laboratory Life: The Social Construction of Scientific Facts, Princeton University Press, USA.

Competing interests:
None declared

Competing interests: No competing interests

Research studies published earlier have already established the efficacy of incentives, whether they be in the form of food or conditional cash transfers, in improving the utilisation of preventive health services (3,4,5,6,7). Institutional deliveries have increased in India after the introduction of the Janani Suraksha Yojana (JSY) scheme which provides a monetary incentive for delivery in a hospital (8).

The ethical dimension lost sight of by the study, was the use of a control group, in a situation that didn't warrant a control group. Even though cluster randomised controlled trial study designs are considered the best suited to study the effect of public health interventions, there are ethical issues in such designs that are still being debated (9). The study population was divided into 3 study groups. Study group A had once monthly reliable immunisation camp, Study group B had once monthly reliable immunisation camp with an incentive and no study intervention in the control group(1). According to the National Family Health Survey (NFHS-3), in India, 38.6% of children aged between 12-23 months in rural areas received full immunisation under the Universal Immunisation Programme (10). In the state of Rajasthan (where the study was conducted), the percentage of full immunisation in rural areas was 22.1% (11). The 134 villages selected in the study which included 74 control villages had full immunisation coverage of only 2% in spite of the additional services of the facilitating Non-Governmental Organization (NGO), Sewa Mandir (1). As this study involved looking at life-saving basic immunisation services, the children enrolled in the control group could have been at risk of dying of a vaccine preventable disease during the period of study since the vaccine coverage was very poor in the study area. Conducting a study on utility of incentives to enhance immunization with a control group in our opinion violates the spirit of General Principle(s) number 3 of the Indian Council for Medical Research (ICMR) Ethical guidelines for Biomedical Research on Participants: non-exploitation (2). It is also violative of the norm that all participants should be beneficiaries in such a research (2), since most children enrolled in the control group lost their chance of getting vaccinated on time as compared to the other

References:

1. Banerjee AV, Duflo E, Glennerster R, Kothari D. Improving immunisation coverage in rural India: clustered randomised controlled evaluation of immunisation campaigns with and without incentives. BMJ. 2010 May 17;340:c2220. doi: 10.1136/bmj.c2220.

2. Indian Council of Medical Research. Ethical Guidelines for Biomedical Research on human participants [Internet]. New Delhi: Indian Council of Medical Research; 2006 Oct [cited 2010 Jun 10]. 120p. Available from:http://www.icmr.nic.in/ethical_guidelines.pdf

3. Loevinsohn BP, Loevinsohn ME. Well child clinics and mass vaccination campaigns: an evaluation of strategies for improving the coverage of primary health care in a developing country. Am J Public Health. 1987;77:1407-11.

4. Lagarde M, Haines A, Palmer N. Conditional cash transfers for improving uptake of health interventions in low- and middle-income countries: a systematic review. JAMA 2007;298:1900-10.

5. Fernald LCH, Gertler PJ, Neufeld LM. Role of cash in conditional cash transfer programmes for child health, growth, and development: an analysis of Mexico's Oportunidades. Lancet 2008; 371:828-37.

6. Gertler PJ, Boyce Simon. An experiment in incentive based welfare: The impact of PROGRESA on health in Mexico. University of California, Berkley, April 2001.

7. Morris SS, Flores Rafael, Olinto Pedro, Medina JM. Monetary incentive on primary health care and effects on use and coverage of preventive health care in rural Honduras; cluster randomised trial. The Lancet 2004; 364:2030- 37

8. Ministry of Health and Family Welfare. Concurrent assessment of Janani Suraksha Yojana (JSY) in selected states of India, 2009; May.

Competing interests:

None declared

Competing interests: No competing interests

14 June 2010

Deepak MG
Assistant professor in community medicine, Azeezia Institute of Medical Sciences and Research
Anant Bhan, Researcher, Bioethics and Global Health, Pune-411027, India
Kollam-691537, India

-
-

See other articles in issue 7759

Article tools

PDF 3 responses

- Respond to this article

- Data supplement
- Print
- Alerts & updates

Article alerts

Please note: your email address is provided to the journal, which may use this information for marketing purposes.

Log in or register:

Username *
Password *
Log in
Register for alerts

If you have registered for alerts, you should use your registered email address as your username

Help

If you are unable to import citations, please contact technical support for your product directly (links go to external sites):

- EndNote
- ProCite
- Reference Manager
- RefWorks
- Zotero

- Request permissions

- Author citation

- Articles by Abhijit Vinayak Banerjee
- Articles by Esther Duflo
- Articles by Rachel Glennerster
- Articles by Dhruva Kothari

Add article to BMJ Portfolio

Email to a friend

Forward this page

Thank you for your interest in spreading the word about The BMJ.

NOTE: We only request your email address so that the person you are recommending the page to knows that you wanted them to see it, and that it is not junk mail. We do not capture any email address.

Username *

Your Email *

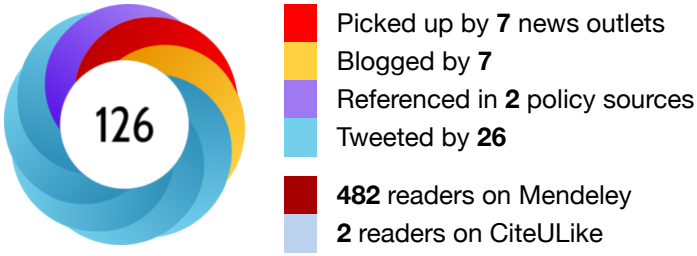
Send To *

You are going to email the following Improving immunisation coverage in rural India: clustered randomised controlled evaluation of immunisation campaigns with and without incentives

Your Personal Message

CAPTCHA

Who is talking about this article?



See more details

This week's poll

Should covid vaccination be mandatory for health and care staff?

- ○ Yes
- ○ No

VoteView Results
Read related article

See previous polls

Other content recommended for you,

Childhood vaccination: Access problems in UK began way before covid-19