

Community fragmentation and unsustainable development: the church and children's health in rural Vanuatu

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Based on research into reasons for declining maternal and infant immunization coverage

Primary research in:

167 villages on Tanna, Malekula, Gaua

Individual interviews with:

- 657 mothers with young children
 - 101 fathers
 - 50 health workers
-
- 16 focus group discussions
 - 10 case studies



Research investigated:

1. Infant and child immunisation levels
2. The reasons women did or did not have their children immunised
3. Characteristics of communities with high and low immunisation coverage
and....
4. The role of the church in immunisation and the health status of children
5. Trends in religious affiliation and community cohesion



Christianity and health status in the Pacific

- Christianity is a defining feature of Pacific Island values and political structures – entrenched in society
- Christianity a critical factor in community cohesion
- Cuts across divisions of ethnicity, age, rank and status
- In the past whole countries, islands, or communities often one denomination
- Early missions often established education and health facilities



Recent trends in religious affiliation

- 1960s Presbyterian, Anglican, Catholic, SDA
- 1970s Assemblies of God, Free Evangelicals, Mormons, Jehovah's Witnesses, Bahai, Baptists
- 1990s explosion of local and imported new Evangelical churches – in Tanna and Malekula 26 new church groups
- Declines in *kastom* and long established church congregations and communities



Religious affiliation, as % of population, Vanuatu, 1967-2009

(Source: National Statistics Office,
Census Reports 1967, 1979, 1989, 2009)

Religion/ denomination	1967 %	1979 %	1989 %	1999 %	2009 %
Presbyterian	39.5	36.7	35.8	31.7	28
Anglican	15.3	15.1	14.0	13.6	15
Catholic	15.9	14.8	14.5	13.3	12
<i>Kastom</i>	14.7	7.6	5.5	6.0	4
SDA	5.6	6.1	8.26	10.9	12
Church of Christ	5.0	3.8	4.7	4.0	5
Other	3.0	5.0	12.5	19.0	24







% of mothers with immunized children by number of religious denominations in village

Number of religious denominations in village	Number of villages	% mothers with immunized infants
5 +	55	33
2 – 4	88	41
1	24	82

Percentage of mothers interviewed who have their children immunized, by religious affiliation

Religious affiliation	% mothers with children with up to date immunization
<i>Kastom</i>	12.3
Anglican	60.6
Presbyterian	70.6
Other	70.0
Assemblies of God	82.2
Roman Catholic	91.1
Seventh Day Adventist	92.7

Characteristics of higher immunization communities

- **SDA** - one denomination
- **Catholic** – largely Catholic community
- Close, cohesive communities
- Good communication
- Church teaching on health – hygiene, nutrition, no smoking, no alcohol
- Encouragement & reminders to attend MCH clinics
- Higher education levels
- Good communication system to island HQ and Port Vila
- Village usually close to Catholic school and health clinic
- Encouragement & reminders to attend MCH clinics



Characteristics of low immunization communities

- Several recently established churches in community
 - Competition and conflict between religious groups
 - Relatively mobile populations
 - Limited community cohesion or responsibility
 - Weak or uncertain leadership
 - Lower female education levels
- In Kastom villages:**
- lack of belief in modern medicine
 - opposition to immunization



The church as a communication conduit for health – what nurses say

- *It was easier in the old days. When we did immunization I just sent a message to the priest. I knew them all. They told all the mothers. We got all those babies. Now, its too many churches, too many groups, too much confusion, too many coming and going. You don't know who to talk to any more (Nurse Rosa, Malekula).*
- *If there was a problem and I needed to talk to the mothers, I told the pastor. He organized them all. Its not like that now (Nurse Leiwana, Tanna).*
- *Today there is conflict in the villages –which church do they belong to now? We don't know. Nobody works together any more – they run into town by themselves. We cant get information to the mothers when there is no vaccine (Nurse supervisor Anna, Tanna).*



What mothers say

- *We get no message – we walk for three hours carrying the baby and there is no vaccine. Or no nurse.*
- *The announcement came too late for me to walk there in time*
- *I'm not walking for hours for nothing – we used to get a message from the pastor when there was no vaccine*
- *They used to announce it in church and tell us to go. Now nobody cares and we don't go*





Contributing issues to poor immunization

- Village fragmentation
- No clear communication system
- No health information
- Loss of community contribution to supporting health facilities
- Deteriorating health service delivery
- Collapse of cold chain
- Irregular supply of vaccine
- Mother's loss of interest in attending clinics
- Poor maintenance of clinics





Temporary Conclusions

- In Vanuatu, religious affiliation is one of several factors that impacts on infant and maternal immunization coverage
- Rapid changes in religious affiliation and the increase of denominations is an important factor in creating community fragmentation which impacts on long term opportunities for development and indirectly on the sustainability of effective maternal child health care and high immunization coverage

