

**“It was *tidak cocok* (incompatible)” : Incompatibility, Decoloniality, and Vaccine Hesitancy  
in Banda Aceh, Indonesia**

**Abstract**—In 2018, vaccine hesitancy occurred in the Indonesian province of Aceh during the nationwide measles-rubella vaccination campaign. The hesitancy, which was supported by the provincial government, stemmed from concerns over porcine contamination in the vaccine product. ‘*Tidak cocok*’ (incompatible) became a pervasive statement used to rationalize the refusal to participate in the vaccination program, permeated personal narratives, public responses to a vaccine allergy case, and an official meeting to determine the vaccination campaign’s future. In this article, I theorize incompatibility as a lexical item of decoloniality. Incompatibility fosters a sense of liberation, paving a pathway to refuse tools and systems considered unfit according to locally situated knowledge and historical experience. It further reclaims what has been marginalized, delegitimized, and ignored by dominant epistemic and political structures. I also suggest that many Islamic expressions arising during the vaccine hesitancy have given a distinct local flavor to the decolonial critique on vaccination.

**Key terms:** incompatibility; decoloniality; vaccine hesitancy; Islam; Aceh; Indonesia.

**“It was *tidak cocok*”**

My first encounter with Abdullah<sup>1</sup> was quite unexpected. I was having a light breakfast at a small coffee shop behind the *Kodam* Iskandar Muda, the Indonesian Army’s territorial military command administratively overseeing the Province of Aceh when I saw him standing against the wall in front of the cashier’s desk, sipping his coffee. It was quite a busy morning for the small shop, and all the tables were occupied. Sitting alone, I offered an empty seat on my table to Abdullah. He thanked me and took an empty seat across from my table. From his interactions with other shop visitors, I could see Abdullah knew many of the visitors who were mostly military officers from the military base, but he was not wearing a military uniform like them.

We began to chat immediately. Abdullah introduced himself as a lecturer at a private university in Banda Aceh. He was born and raised in Banda Aceh, but his parents were originally

---

<sup>1</sup> Abdullah and other direct interlocutor names are pseudonyms.

from Java. Abdullah married to an Acehnese woman with whom he had two daughters. Just like most parents in Banda Aceh, Abdullah said he also opted out his children from participating in the national measles-rubella (MR) vaccination that was held one year earlier. When asked about his reason for not vaccinating his children with the MR vaccine, Abdullah answered, “It was incompatible (*tidak cocok*) for them.”

It was July 2019. My conversation with Abdullah set against the backdrop of vaccine hesitancy that had happened in the province’s capital city one year earlier. At that time, thousands of parents refused to take measles-rubella vaccine campaigned nationwide by the Indonesian government. The refusal was triggered by a rumor about porcine contamination within the vaccine product that were imported from the Serum Institute of India. This same rumor also drove vaccine hesitancy among Muslims in other provinces such as West Sumatra and Riau. However, the case in Aceh stood out not only because it resulted in the lowest vaccination coverage nationwide but also because its provincial government’s support to the vaccine-hesitant parents by suspending the vaccination. Even after being convinced to continue the campaign, the government still refused to make the vaccination mandatory to all children.

A large body of scholarship has conceptualized vaccine hesitancy as a complex phenomenon driven by a confluence of factors, encompassing individual beliefs and sociocultural norms, alongside with the broader influence of systemic and political landscapes (Dubé et al. 2013; Hausman 2019; Larson 2020; Leach and Fairhead 2007; Sobo 2015). Departing from an awareness that vaccination is an institution rooted in colonial history, scholars are also increasingly interested in examining how the legacies and persistent structures of colonialism manifested in infrastructural challenges, untrained local vaccinators, intergenerational trauma, lack of risk communication, cultural and religious convictions, and geopolitical dynamics, contributing to the contemporary

low vaccination coverages in formerly colonized countries (Ali and Rose 2022; Kennedy 2017; Matos, Gonçalves, and Couto 2022; Ojong and Agbe 2023). These studies effectively shift the geography of blame from vaccine-hesitant communities in formerly colonized countries to the past and current Global North-dominated systems of economic and political structures.<sup>2</sup>

This article proposes that emerging and circulating narratives that articulate the local experience and consequently challenge the prevailing system of ruling, in the context of vaccination or beyond, are increasingly critical to understanding decolonial dynamics in this postcolonial terrain. The notion *tidak cocok*, used by Abdullah to reason his refusal of MR vaccination, serves that purpose. Originating in the Malay language that has historically constructed the linguistic landscape of the region, *tidak cocok* is not merely an expression of temporary rejection. It carries with it a political statement that two things can never truly be reconciled, not only because of their current differences, but also because they are fundamentally misaligned in their historical trajectories and future imaginings. *Tidak cocok* acts as a full stop in a discussion, leaving no room for further negotiation.

In Banda Aceh, the provincial capital city where local political power was the strongest and MR vaccine coverage was the lowest, incompatibility discourses resonated beyond individual testimonies. It further shaped public discourses surrounding a vaccine allergy case that occurred elsewhere in the province and interrupted in the official meeting organized by the Aceh government to determine the continuation of the MR vaccination campaign. This flow of incompatibility discourses, I argue, help shape incompatibility as a powerful tool to reveal “the

---

<sup>2</sup> The term ‘Global North’ is highly contested. Rather than using it as a geographical and administrative term, I use ‘Global North’ to denote a collective of state and non-state actors that wield dominant power within the current global health governance. These actors derive their dominant power from past and current extractive and exploitative activities in less powerful regions.

colonial matrix of power” (Mignolo 2021:34). Furthermore, the intersection of incompatibility narratives with local and personal interpretations Islamic ethics related to pork taboo has given the decolonial critique a unique local texture.

Narratives in this article are collected and synthesized from interviews, observations, retrospective accounts of people involved in the events, and library research conducted between 2018 and 2020. During my fieldwork in Banda Aceh, I affiliated with a local medical professional association that provided me valuable access to interlocutors, including parents, medical professionals, public health workers, Islamic preachers (*tengku*), as well as to vaccination coverage records held by the association. To gain a more nuanced understanding of events mentioned by my interlocutors, I turned into Acehnese historians, anthropologists, authors, and journalists whom I interviewed between 2020 and 2022. Digital observations on online newspapers and social media were also conducted to fill the gaps in the stories and further corroborate the findings.

Before moving forward, I would like to acknowledge the distinct cultural-political demographics that I, a non-Acehnese, male, Muslim ethnographer, encountered that might have shaped the data presented in this study. Aceh is the only province in Indonesia to adopt Islamic law (*sharia*) as its formal legal system, a standing that was officially recognized as part of the stipulations during the Helsinki peace agreement. As a respect to a local regulation restricting solitary interactions between men and women, interviews with female interlocutors were conducted in the presence of their companion, typically their husband or a female friend. I was once in this awkward situation when my female interlocutor was told by her husband to speak in a lower tone in public as an act of politeness. Interviews were conducted in Bahasa Indonesia and mostly took place in coffee shops that appeared to be the preferred social venue for the Acehnese. Due to this setting, certain perspectives or experiences, particularly those less likely to be voiced

in public male-dominated spaces, might have been underrepresented. As a result, my data potentially offers a more prominent view of male perspectives on the issues at hand.

## **MR Vaccination in Indonesia**

Measles vaccination has been part of the Indonesian national vaccination campaign since 1982. However, despite the long-standing program, Indonesia still struggled to meet the expected vaccination coverage (Berkley 2019; Harapan et al. 2020). Cultural views, I suspect, might have played a role in shaping public risk perceptions related to the two diseases and the general sense of urgency to participate in the vaccination. Many Indonesians considered measles as a rite of passage and put a minimum effort to prevent the transmission. It is common to hear in daily conversations people asking whether a child has gotten measles or yet (*sudah campak belum?*) as if a child development is not complete without getting measles. This perspective is likely because despite its highly contagious nature and potential fatalities, measles reinfection rate is exceptionally low, if not impossible.

Pressured to catch-up in its measles vaccination coverage to help meet the global measles eradication target in 2020, Indonesia also had to align its national vaccination with the new global measles eradication plan set by the Measles-Rubella Initiative (MRI), the American Red Cross-led global partnership. One of the key actions within the plan is to shift from single-antigen measles to measles-rubella combination vaccines, using either measles-rubella (MR), measles-mumps-rubella (MMR), or measles-mumps-rubella-varicella (MMRV) vaccines that had been approved by the WHO.<sup>3</sup> This shift introduced a new term, rubella, also known as *campak Jerman* (German measles), that was largely unknown among the Indonesian public before the campaign. Rubella

---

<sup>3</sup> World Health Organization, *Global Measles and Rubella Strategic Plan: 2012-2020* (2012).

has milder symptoms for the sufferers but is highly dangerous for women in early pregnancy since its infection could severely affect the fetus. To raise public awareness regarding rubella, public health officials popularized the notion of ‘the lost generation’, referring to thousands of potential congenital disabilities and infant deaths caused by rubella infection during early pregnancy.

The measles-rubella (MR) mass vaccination campaign was launched in August 2017, with an ambitious target of 95% national coverage. Prior to the campaign, the Indonesian government had declared a national health emergency following a surge in measles and rubella cases and thousands of congenital rubella syndrome births between 2010 and 2015.<sup>4</sup> Targeting a massive 67 million children aged 9 months to 15 years regardless of their history of measles vaccination or infection, the campaign was structured into two phases. The first phase, from August 1 to October 1, 2017, focused on the densely populated island of Java. The second phase, from August 1 to October 1, 2018, targeted children throughout the rest of the Indonesian archipelago. The first phase of the campaign was widely reported as a major success, with the Indonesian Ministry of Health proudly claiming that it achieved up to 100% coverage.<sup>5</sup>

The second phase, however, proved to be a different story. Rumors alleging that the imported vaccine was contaminated with porcine spread widely and triggered concerns among the Muslim majority. Pork is among substances deemed impermissible (*haram*) to consume according to Islamic dietary guidelines. The Indonesian *Ulama* Council (MUI), a prominent *ulama* council at the national level, further complicated the situation by issuing an edict (*fatwa*) that, while confirming the contamination, conditionally allowed the vaccination because of the public health

---

<sup>4</sup> “Kemenkes Utamakan Pencegahan dan Perlindungan Kesehatan Bagi Generasi Penerus Bangsa,” *Kementerian Kesehatan Republik Indonesia*. <https://kemkes.go.id/id/rilis-kesehatan/kemenkes-utamakan-pencegahan-dan-perlindungan-kesehatan-bagi-generasi-penerus-bangsa>. Last accessed on June 3, 2025.

<sup>5</sup> “Program Imunisasi MR di Jawa Hampir 100%,” *Antara*. <https://www.antaranews.com/video/37307/program-imunisasi-mr-di-jawa-hampir-100>. Last accessed on August 3, 2025.

emergency. This ‘impermissible-yet-allowed’ *fatwa* created confusions. The Aceh government immediately banned the vaccination program on the same day as the MUI *fatwa* issuance, claiming that the *haram* MR vaccines should not be provided to Muslim children in Aceh. Ironically, public health officials and local vaccinators, such as nurses, doctors, and midwives, attempted to counter the Aceh government’s decision by claiming that the *fatwa* actually allowed the vaccination to continue, albeit unsuccessful. By the end of the mass vaccination campaign in November 2018, Aceh Province only recorded 7.6% vaccination coverage, with Banda Aceh, the capital city, recorded the lowest in the province with only 5%. This low coverage in Aceh, and in several other provinces, severely undermined the national vaccination coverage, causing it to fall below the target (Pronyk et al. 2019).

Questioning the Acehnese motivations, many observers and media outlets immediately associated the hesitancy in Aceh with Islamic fundamentalism (Rochmyaningsih 2018). This framing is based on the assumption that most Acehnese strictly adhered to the local implementation of Islamic law as guided by its authorities and local government. This assumption was, however, rejected by the Acehnese themselves, who saw themselves as nothing different from other Muslims elsewhere. As Umami, a local pediatrician who did not believe that the vaccine hesitancy in Aceh had something to do with strict Islamic adherence, told me, “Many young couples here also date just like young couples elsewhere, despite a regulation prohibiting solitary interaction between male and female.” Umami’s statement aligns with David Kloos (2018) observations on moral governance in Aceh: While the government emphasizes strict guidance and surveillance from the religious policing institution and the ulama, commoners actually perceive

ethical improvement as a personal, fluctuating spiritual journey, that often involves contesting and questioning the strict enforcement approaches implemented by the authorities.<sup>6</sup>

### **Multiple colonialisms as a framework**

Rather than asking why Acehese Muslims refused the vaccination, I am more interested in examining the motivations behind the insistence to promote porcine contaminated vaccines in Aceh. Shifting the focus of blame from the Acehese to institutions behind the vaccination, it is necessary to understand vaccine hesitancy through the looking glass of multiple colonialisms. This framework argues that contemporary postcolonial spaces are marked by “multiple and varied articulations, times, and spaces of coexisting and converging colonialisms” (Costa and Costa 2019:347). It suggests that modern-day power structures are a combination of deeply embedded systems, including social structures, economic and military institutions, state and non-state power, and international organizations. These systems, instead of operating independently, intersect and reinforce one another within a multi-layered system of control. Applying this framework as an analytical lens, we are prompted to see vaccine hesitancy as a response to the complex interplay of coexisting systems of power.

In Aceh, MR vaccine hesitancy cannot be separated from the layered postcolonial dimensions that shape local experiences and responses to external interventions like vaccination campaigns. The first layer is the decades-long armed conflict between the *Free Aceh* separatist movement and the central Indonesian government (Drexler 2008; Reid 2006; Robinson 1998; Sjamsuddin 1985). This brutal conflict only ended after the 2004 Tsunami devastated the major

---

<sup>6</sup> In *What is Islam*, Shahab Ahmed (2015) also challenges the reductionist understanding of Islam by arguing that the very practice of Islam is characterized by coherence and contradiction rather than shaped by a universal, uniformized tradition.



coastal regions of the province, causing more than 200 thousand casualties, and effectively weakening the separatist forces, which led to a peace agreement signed in Helsinki in 2005 (Aspinall 2005; Samuels 2019). The strings of military violence and human right abuses have cultivated deep-seated collective trauma and negative sentiments among the Acehnese commoners toward the central government of Indonesia, particularly due to the unresolved past human right abuses (Aspinall 2006; Grayman, Good, and Good 2009).<sup>7</sup> In 2013, the Amnesty International reported that while the Acehnese welcomed the peace process and the improved Aceh-Indonesia relationship, they believed the Indonesian government had yet to implement its commitments. As quoted in the report, the families of past abuse victims hoped that “if the truth could be established, it would counter the culture of impunity that exists and lead to criminal justice and reparation” (2013:8).

These unresolved human right abuses have potentially generated mistrust toward the government that shape public reception of vaccination campaigns in Aceh. The history of vaccination in Aceh shows that the MR vaccination refusal was not an isolated event but rather a part of the broader pattern of vaccine hesitancy in the province. The 2017 Indonesian Demographic and Health Survey, for example, reveals that Aceh Province has the lowest national rates for almost all childhood vaccinations, such as BCG, DPT-Hepatitis B-Hib, polio, and even the earlier measles-only vaccinations.<sup>8</sup> It was further reported that the majority of parents in Aceh also declined the diphtheria vaccine during a subsequent campaign held one year after the measles-rubella vaccination despite the absence of porcine contamination rumor, suggesting the potential spillover effect of vaccine hesitancy across different vaccination programs (Harapan et al. 2019).

---

<sup>7</sup> The estimate is between 10,000 to 30,000 civilians died due to the conflicts between 1976-2004.

<sup>8</sup> Issued by Indonesian National Population and Family Planning Board (BKKBN), Statistics Indonesia (BPS), Ministry of Health (Kemenkes), and ICF. 2018. <https://www.aidsdatahub.org/resource/indonesia-demographic-and-health-survey-2017>. Last accessed: June 3, 2025.

On another layer is the relationship between the national administration and global health agencies, particularly the Geneva-based Measles Rubella Initiative. In this relationship, Indonesia is situated in an uncomfortable position as a nation subject to the directives of global vaccination governance performed by institutional actors dominantly headquartered in Europe and the United States (Hoffman and Cole 2018). Despite the absence of direct administrative consequences, acting against international health recommendations often entails condemnation. For example, in 2007, when Indonesia refused to share the H5N1 virus samples with the WHO by claiming viral sovereignty, its action was seen as putting the entire world at risk and resulted in international condemnation and diplomatic crises (Rourke 2020). Svea Closser also illustrates this structural power in the context of polio vaccination initiative in Pakistan: “When it comes to decide what Pakistan’s public health priorities are, Pakistani officials may have to defer to the desires of officials from the United States or the UN. And they may find it in their best interests to do so without argument” (2010:125–26).

As a result, Indonesia is prone to regulatory and technical adjustments made by the global agencies, including ones related vaccine types and pricing. Because Indonesia’s national vaccine manufacturer *Biofarma* was yet to produce its own vaccines to comply with to the MRI recommendation, the Indonesian government then imported MR vaccines from the Serum Institute of India (SII). Amidst criticism regarding the exclusion of mumps from the vaccination campaign, an Indonesian Ministry of Health official that I consulted claimed that importing MR vaccine over MMR vaccine was more economical. MMR vaccine was priced around twice more expensive than MR vaccine.<sup>9</sup> Even with the Gavi Alliance’s contribution to cover around half of the vaccine

---

<sup>9</sup> According to World Health Organization’s *Review of Vaccine Price Data* (2015), the procurement cost for MR vaccine for low-income countries is US\$0.52 per dose when procured through UNICEF, and slightly higher at US\$0.60 per dose when procured directly by a government agency. The MMR vaccine combination costs US\$0.98

procurement cost, the Indonesian government still had to cover the associated expenses to develop a nationwide cold chain distribution system for the imported vaccines. In the past, Indonesia's measles vaccination campaign used *Biofarma*' freeze-dried vaccines, eliminating the need for cold chain systems. The economic reasoning behind the decision to import MR vaccines rather than MMR was based on what Indonesia can afford to comply with the international recommendations, rather than a sound, long term-oriented, public health policy. This way of thinking, I argue, is rooted in historically conditioned global inequalities.

In the next section, I will detail how Acehnese actors used incompatibility discourses to respond to the complex manifestations of this layered colonial power, focusing on porcine contamination, the vaccine safety system, and the structure of authority.

### **For Pigs, not for Humans**

A couple of days after our unexpected meeting at the small coffee shop, I had lunch with Abdullah at a famous Aceh noodle (*mee Aceh*) shop located just around the corner of the busy Penayoung district at the heart of Banda Aceh. After ordering two portions of *mee Aceh* with crabs, we sat on a table at the corner of the shop, right under a rolling fan. On the wall under the fan, I saw framed photos depicting the horror of the 2004 Indian Ocean tsunami, which hit Aceh the hardest. I was surprised when Abdullah told me an unusual way to see the *tsunami* as God's blessing. "We now have a flyover, well-constructed streets and buildings, and monuments. *Tsunami* actually brought blessings to the Acehnese," he said. Not all Acehnese shared a similar view to Abdullah about the traumatic disaster. Perhaps, Abdullah's acceptance of the disaster as a

---

per dose through UNICEF and exceeds US\$1.00 when procured through a government agency. In the open market, the price of MMR vaccine is almost six times higher than the MR vaccine.

God's blessing was his own coping mechanism to deal with the haunting experience, much like the Acehese scholar Reza Idria (2019) found sending letters to a local ghost to be his therapeutic activity.

After waiting for ten to fifteen minutes, our order eventually arrived at our table. As I immediately savored my first spoon of the hot and spicy noodle broth, Abdullah started a new conversation:

Do you know that for a long time Aceh has had the largest pig population in the country?

I shook my head while slurping my first string of noodles.

The reason is because people in Medan<sup>10</sup> always hunt and eat them so the pigs run for their lives from there. They come to Aceh, where everyone are Muslims, and nobody eat pigs. They live happily here.

He paused, adding three or four spoons of *sambal* to his bowl.

Then comes a new kind of pigs, in the form of vaccines. They are not from Medan, but from Jakarta. Similarly, people in Aceh do not eat them. Because nobody eats these pigs, now we have an excessively big pig population. If you want to know where the farm is, you should visit the public health centers.<sup>11</sup>

Abdullah ended his explanation with a laugh, surprising me with the unexpected humor.

The lighthearted anecdote clarifies Abdullah's own reasoning of *tidak cocok* that he mentioned a couple of days before. The pig vaccine anecdote is a humorous illustration of how the

---

<sup>10</sup> Medan is the capital city of Aceh's neighboring province, North Sumatra, where the predominant population is Christian.

<sup>11</sup> Puskesmas, where government-sponsored health services, including vaccination, are provided at the district level.

porcine contamination in the MR vaccine product has rendered it invasive and discordant. I also learned from my interlocutors that the contamination also changed the name of the vaccines. I frequently heard local people, including Abdullah himself, called the MR vaccine “*vaksin babi*.” Even in its local presentation, this term can mean both ‘porcine vaccine’ or ‘vaccine for pig’. The former definition, ‘porcine vaccine’, explains concerns over the material status of the MR vaccine, which is made using pork derivatives. Just as nobody in Banda Aceh would eat pork, nobody would take the vaccine made from porcine. The latter definition, “vaccine for pig”, speaks more about whom the vaccine is for. Abdullah also comically said that the vaccine was intended for pigs to make them healthier, but not for humans.

Syaiful, a local social activist and a coffee shop owner in Banda Aceh, also shared the same sentiment as Abdullah about the incompatibility of the pig vaccine. Syaiful’s rationalization however is more on why pork might be detrimental to all human beings, not only to Muslims. When I visited his coffee shop, he and his wife welcomed me wholeheartedly. They told me about their visit to the US and Canada in 2016 and a subsequent trip to the US as part of a cultural delegation program funded by the United States government. While pouring the coffee into small cups for me and him, Syaiful told me his opinion about the MR vaccine,

I recently came across a study that found that pigs have 98% of human DNA. It means that consuming pork is like cannibalism as pigs are our close relatives. In my opinion, it is better to avoid taking a vaccine that contains pork. Cannibalism is dangerous, both morally and biologically. In Islam, even marriage between close relatives is prohibited due to potential genetic problems. There have been numerous instances where close relative marriages have resulted in congenital disabilities.

Therefore, the significance of Syaiful's argument lies not in its scientific accuracy, but rather in its political agency. His rationale to refuse the MR vaccine was grounded in a personal interpretation of biological relatedness between humans and pigs through which he could draw parallels to the moral problems of cannibalism and close relative marriage from the Islamic lens. For Syaiful and previously Abdullah, taking the porcine contaminated vaccine must have felt like a betrayal toward their identity as Muslims, an existential dilemma equal to what Frantz Fanon mentioned as "turn white or disappear" (2008:75). Syaiful and Abdullah must have found taking the porcine-related vaccine clashed with their identity as Muslims, and their rationalization should be seen as a rejection of the broader system that is built upon misrecognition toward their core belief: that pork is incompatible for them.

### **From Biosecurity to Bioterror**

Experience and situated values shape local wisdoms about safety (Basso 1996). It stays true in vaccination. Many Acehnese parents view moral and biological elements are interconnected; therefore, a safe vaccine also means free from *haram* substances. I was told that many local 'ulama underlined their concern over vaccine safety since before the campaign. For instance, in a recorded preaching available on social media, a charismatic ulama told his followers that while vaccination was important for Muslims' well-being, the purity of substances should be put in priority to ensure the safety of Muslims' body and spirituality. It was not surprising that when the rumor about porcine contamination in the MR vaccine spread, parents in Aceh became overly concerned about vaccine safety. Many of students even skipped school because their parents did not want them to be vaccinated.

The local safety concern found its catalyst when a vaccine allergy case occurred on the fifth day of the campaign in 2018. Ilman, a seven-year-old elementary student, became paralyzed after being vaccinated at school. His parents, seasonal contract farmers, blamed the school for their son's condition. They also claimed that they did not give their consent for the vaccination and that they had already told the teachers that Ilman would not participate in the program. However, the school defended its action by stating that the MR vaccination was mandatory for all children. When Ilman's parents sought the government's help, they encountered challenges from doctors and public health officials in Banda Aceh who refused to recognize Ilman's condition as a vaccine adverse event. A doctor whom I consulted about the case said that Ilman's paralysis was caused by *transverse myelitis*, an inflammation of the spinal cord. She also rejected the idea that it was an adverse reaction to the vaccination. However, studies have reported *transverse myelitis* among the reported adverse events in post-vaccination (Frohman and Wingerchuk 2010; Shah et al. 2018).

Ilman's medical case quickly snowballed into social and political issues. Ilman's parents revealed their financial struggles to local media, explaining that they had to pay for transportation and meals out of pocket because the state did not step in. Ilman's father also had to stop working to accompany Ilman to the hospital. Moved by their story, the public called on the Aceh government to stop the controversial vaccination program. Local activists also urged the provincial government's intervention to prevent Ilman from being permanently paralyzed.

Ilman was not the only reported case of paralysis following the MR vaccination. A similar incident occurred a year earlier on Java Island where a middle school student, Mayang, also experienced paralysis after being vaccinated with the same vaccine. This added to the already reported four cases of paralysis in the same province. However, public health officials declared that Mayang's condition was not related to the vaccine. They even claimed that Mayang had shown

symptoms of preexisting health conditions before the vaccination took place. Yet it was unclear why she was still vaccinated despite the vaccinator had been aware of her health issues beforehand. The officials also dismissed the other four cases as mere “medical coincidence.” With the rejection of her parents’ claim of vaccine allergy by public health officials, Mayang’s case became an open season for political elites to make promises and gather media attention for their own interests.

In Indonesia, the monitoring and reporting of vaccine adverse events was regulated by the Ministry of Health through Regulation No. 12/17 on Vaccine Administration (*Peraturan Menteri Kesehatan No. 12/17 tentang Penyelenggaraan Imunisasi*). This regulation defines vaccine adverse events (*Kejadian Ikutan Pasca Imunisasi, KIPPI*) as medical-related incidents that occur after vaccination and are assumed to be related to the vaccine. For a case to be recognized as a vaccine adverse event, a team of medical investigators must conduct an independent examination to determine the causal relationship between the vaccine and the event, which is not always possible. In Ilman and Mayang cases, the investigative team determined that their conditions were not related to the vaccine, contradicting the beliefs of their parents.

These stories present us an irony: despite the rigorous technical procedures to ensure vaccine safety, its reality can be truly evaluated when, and only when, the technology goes awry. This is perhaps a common logic; during the early days of inoculation method in the Dutch East Indies, “when some people died after having inoculated, enthusiasm for this method rapidly faded” (Boomgaard 2003:603). I remember when I quoted the low percentage of vaccine allergy to one parent in Aceh, he immediately replied that his child is not just a number for him. Even when a system to address such an allergy case exists, the consideration turns out to be much more complex for the parents.



In social media, the story of Ilman who became paralyzed after getting the MR vaccine fueled a theory that the Indonesian government had collaborated with the Jews to harm Acehnese future generations. People turned to social media to express their anger over the local Ombudsman ordering the Aceh governor to continue to vaccination program. One angry Facebook user wrote in Acehnese, “This is a wrong program, injecting vaccines here and there. The Aceh government must step in to protect our next generation.” Another user commented, also in Acehnese, “the more often we are exposed to *haram* things, the more devastated we are played by the Jews.” These comments illuminate that local perception of threat, at least the one observed in social media, is likely informed by their own worldviews rather than the existential nature of the threat itself. The Jews are possibly mentioned to refer to the malicious, non-Muslim global actors from which the vaccination order is made and reinforced.<sup>12</sup>

The events and narratives surrounding Ilman’s case illustrate a situation where the technocratic approach to ensuring vaccine safety and addressing vaccine allergy is considered incompatible. When the vaccine caused allergic reaction, not only that the cost-benefit logic behind vaccination fails to meet the safety logic of the parents who did not want their children to be treated only as a number in statistics, but also the available procedure to put the government accountable for any vaccine allergy cases turned to be hard to navigate by ordinary parents. This techno-administrative failure further fueled up conspiracy theories that the Indonesian government had conspired with the global power to harm the Acehnese younger generations through vaccination.

---

<sup>12</sup> The conspiracy theory that portrays Jewish people as malicious global economic and political actors is not exclusive to Aceh or Muslims or Indonesians, nor is it a recent phenomenon as the historian Leland J. Rather (1986) argues. Names like George Soros whom many Asian leaders blamed for the 1997 Asian financial crisis, the Rothschild family, and Mark Zuckerberg are central in many global conspiracy theories. Interestingly, conspiracy theories about vaccination and pandemic often focus on the figure of Bill Gates, whom many people mistakenly believe to be Jewish. This misperception allows vaccination and other global health theories to easily intersect with and draw upon broader antisemitic narratives.

## Not as Emergency as in Jakarta

After a month of continuous pressure from local and national vaccine supporters, the Aceh government was eventually willing to hold a meeting with relevant parties, including the medical professional association that I affiliated with and the local *ulama* council of MPU.<sup>13</sup> During the meeting, it soon became apparent that all parties had different rationalities for opposing or accepting the vaccination program. For some of the attendees, the fact that the vaccine had been confirmed *haram* according to the MUI *fatwa* should be the end of the discussion. Some others even questioned MUI decision to use a public health emergency principle to support the campaign. One of the government officials was extremely critical of MUI decision, stating about logic discrepancies between Aceh and Jakarta:

It is possible that the same emergency principle does not apply to the Acehnese who are very sensitive to *haram* issues. We expect MPU, an older institution from MUI, to issue its own *fatwa* for the Acehnese public.

In response to the criticism, vaccine supporters in the meeting argued that the increasing number of measles cases in both the national and regional areas between 2012-2017 was sufficient to invoke the principle of *dlarurat syar'iyah*. This principle states that emergencies may justify actions that would otherwise be considered unlawful (*al-darurat tubihu al-mahzurat*). Data presented by the vaccine supporters shows that the number of measles-related deaths per capita in Aceh in 2017 was higher than the national average and even higher than in Jakarta and East Java, two regions with higher population densities than Aceh.

---

<sup>13</sup> MPU was established in 1966 after the abolition of the reformist ulama organization POESA (All Aceh Ulama Union). It is widely perceived to have a longer history and a closer relationship with the Acehnese than its national equivalent of MUI that was established in 1975. After the peace agreement, MPU has become increasingly influential in guiding policies and decisions in the Aceh administration (Feener 2013).

However, the Aceh government remained unconvinced by the data presented. A senior officer argued that the number of deaths from street accidents in Aceh was higher than the five-year cumulative number of deaths from measles. In 2017 alone, more than eight hundred people died from street accidents. Furthermore, street accidents ranked among the top ten causes of premature deaths in Aceh, while measles did not. The senior official's message was clear: the measles situation in Aceh was not as emergency as how the central government in Jakarta was portraying it. Therefore, it was not worth sacrificing the ongoing moral governing project of the *sharia* government for the problematic vaccination. What Aceh vaccinators had fought for was seen as a distraction toward the real emergency in Aceh in the eyes of the senior government officer.

"Everyone in the meeting had already expected the meeting would end up in a deadlock," recounted my interlocutor. Yet, things changed when a highly respected Islamic scholar serving as the Chairman of *MPU* addressed to the forum:

If the situation is really an emergency, like what by these medical experts said, then we should use the vaccine. Although it is *haram*, it should be allowed due to the emergency. However, if the situation is no longer an emergency, we cannot allow the vaccination because it is *haram*.

Upon the statement from the highly respected ulama, the Aceh government softened and agreed to allow the MR vaccination to continue but refused to make the vaccination mandatory. Rather, the Aceh government decided to let the parents choose whether to vaccinate or not to vaccinate their children. Following the meeting, the Indonesian government announced an extension of the program until November 1, 2018, to give Acehnese parents more time to vaccinate their children.

The exchange of reasons during the meeting shows that the state of emergency is more of a matter of technopolitical discourse than a situation. Emergency not only implies that a sudden and unpredictable event potentially causing widespread suffering is actually present, but also that an immediate action is necessary (Calhoun 2010:35). Within the state of emergency, people and resources are mobilized as part of a performative discourse of an imagined disaster, where the necessary response is carried out using authoritative power. This mobilization of emergency response assumes that an agreement has been reached within the community regarding the risk and benefit associated with the performed response. In Aceh, this general understanding also required a changing stance of the local government and Islamic institutions to allow vaccination to continue despite previously being against it.

However, the MPU Chairman's decision to allow the use of the MR vaccine amidst concerns about its purity actually goes beyond a mere compromise. It is an actual reenactment of the Islamic principle of emergency. The Indonesian term for emergency, *darurat*, is derived from the Arabic word *ḍarūra*. In the Islamic legal view, *ḍarūra* establishes a legal exception where something ordinarily prohibited becomes permissible under specific circumstances (Muwahidah 2020). This principle is invoked when a state of emergency arises and when adhering to a religious ruling would cause significant hardship or endanger lives. By invoking Islamic jurisprudence to address a contemporary public health crisis, the MPU demonstrates how traditional religious authority can be mobilized to challenge dominant power structures and reassert local control. This act of reinterpretation can be seen as “counter-power” (Graeber 2004), where Islamic knowledge is used to subvert colonial and neocolonial discourses about health, scientific authority, and technology.

As seen in Aceh, the Indonesian government's emphasis on public health emergency and vaccination as a form of securitization clashed with local political realities and interests. Nils Bubandt's concept of "vernacular security" sheds light on this clash. "Vernacular security" describes how local leaders utilize global discourses, like emergency, to pursue their own agenda, leading to the creation of imagined communities through the framing of threats and uncertainties using local contexts and realities (Bubandt 2005). Vernacular security exploits differences in emergency perception, collective motivation, and uncongenial political relations between national and local elites. In Aceh, these dynamics played out when the Islamic government and its ulama institution refused to participate in the national vaccination campaign, claiming to have a different perception of what is considered the threat and further demanding respect from the national government for their decision. By withdrawing from the program and letting parents make their own decisions, the Aceh government made it clear that the vaccination would always be at odds with their political agenda.

### **Incompatibility and Decoloniality**

Thinking through narratives and events where the notion of *tidak cocok* comes into play, I offer a vantage point to understand incompatibility as a culturally resonant articulation of dissonance, rather than merely as a matter of individual preference. *Tidak cocok* fosters a sense of liberation, enabling a detour from whatever is considered unfit within a framework of locally situated knowledge and historical experience and reclaims whatever has been marginalized or delegitimized by dominant epistemic or political structure. Therefore, *tidak cocok* constitutes a form of a decolonial inquiry that, in Juno Parreñas (2018:8)'s terms, is not teleological or oriented toward a specific goal or target; rather, "requires a serious reconsideration of the current norms

and practices”, including ones carried by an institution that compels the acceptance of what is deemed incompatible.

A lexical item of decoloniality, *tidak cocok* manifests in the abandonment of the incompatible intervention. It is this abandonment of the tool and the institution that makes incompatibility a situated political expression of decolonization beyond merely a metaphor (Tuck and Yang 2012). *Tidak cocok* allows us to see the structural problems behind the persisting ignorance toward local religious identity and traditions that justifies the promotion of the porcine contaminated vaccines to Muslim communities. Ignorance in this context should not be seen through knowing-unknown dichotomy but as a tactic used by the regime of power that disengages with other knowledge systems and instead oppressively forces its own as universal and compelling. It is only by deeming such universal and compelling knowledge as incompatible that local communities can reclaim their position as experts on their own rights. Vaccine hesitancy is not an uninformed stance or a sporadic action, instead, it is a culturally guided response to the confluence and interaction of multiple institutions of power at national and global levels that can consequently eliminate cultural identity and historical experience in lower administrative units.

Nuances surrounding vaccine incompatibility discourses in Aceh have made visible a complex and relational articulation of Islam. In that regard, Islam becomes as a flavor of decolonization, an aspiration that is not foreign for many prominent Southeast Asian decolonial thinkers. In his pursuit of an autonomous social science, Syed Farid Alatas (2006, 2020) found an oasis in the work of the 14th-century Arab Muslim intellectual, Ibn Khaldun. Indonesian sociologist Kuntowijoyo (1996, 2019; see also: Nazry 2023) introduced the idea of prophetic paradigm, stemmed from Islamic views of humanism, liberation, and transcendentalism, in his critics toward the European-centric social sciences that are largely accepted without critics among

Indonesian academics. In the context of MR vaccine hesitancy in Aceh, Islam presents a moral and ethical foundation through which the local assumption of incompatibility is forged. However, as Alpa Shah has strongly warned us, the engagement between religious and cultural identities and decolonial rhetoric can potentially lead to a condition where decolonization is hijacked, “used in the service of right-wing authoritarian populism” (2024:560).

Lastly, we cannot ignore the role of porcine contamination rumor that triggered MR vaccine hesitancy in Aceh. Shedding attention to porcine contamination continues the everlasting anthropological debates surrounding religious taboo and its role in constructing and maintaining a stable orderly society (Douglas 1966; Frazer 1911; Radcliffe-Brown 1939). Yet, public behaviors surrounding taboo observation are anything but uniform, moreover because taboo observances evolve across history (Price 2020). Many times, the spectrum of taboo is often embroiled on individual preference, working in an *a la carte* mode rather than relying solely on the consensus of religious authorities. Learning from the dynamics surrounding porcine contaminated MR vaccine hesitancy in Banda Aceh, taboo can also serve as a point of departure to question the nature of intent and the colonial logic behind the technological promotion. In this regard, the porcine contamination in MR vaccine draws parallel to the pork and cow fat contamination in rifle cartridges that triggered religious-motivated decolonial sentiments among the Indian sepoy soldiers against the British colonial ruling in the second half of the nineteenth century (Wagner 2010; Yang 1987).

To sum up, I began this article with an anecdote from Abdullah illustrating how the perceived porcine contamination in the MR vaccine product has made the vaccine incompatible for his children. Incompatibility further extends beyond the anecdote and further encompasses the broader social and political context. The difficulties in navigating the bureaucratic system to seek

the government's accountability for a vaccine allergy case fueled public distrust over the program, shifting the discourse of incompatibility from the vaccine product to the vaccination system. Lastly, I also showed how Acehnese political elites also utilized the discourse of incompatibility to negotiate their authority and autonomy within the Indonesian state. In this context, incompatibility allows local interpretations of Islamic ethics to actively engage with and further enrich decolonial thought. It helps us to see how Acehnese Muslims deployed *tidak cocok* not to passively reject the vaccines, but rather to actively use their own cultural and religious framework to articulate a powerful critique of a system of intervention imposed on them by the external power.



## References

- Ahmed, Shahab. 2015. *What Is Islam? The Importance of Being Islamic*. Princeton: Princeton university press.
- Alatas, Syed Farid. 2006. "A Khaldunian Exemplar for a Historical Sociology for the South." *Current Sociology* 54(3):397–411. doi:10.1177/0011392106063189.
- Alatas, Syed Farid. 2020. "The Contemporary Significance of Ibn Khaldun for Decolonial Sociology: Methodological and Theoretical Dimensions." *Tajseer* 1(2):75–98. doi:10.29117/tis.2020.0025.
- Ali, S. Harris, and Jarrett Robert Rose. 2022. "The Post-Colonialist Condition, Suspicion, and Social Resistance during the West African Ebola Epidemic: The Importance of Frantz Fanon for Global Health." *Social Science & Medicine* 305:115066. doi:10.1016/j.socscimed.2022.115066.
- Amnesty International. 2013. *Time to Face the Past: Justice for Past Abuses in Indonesia's Aceh Province*. ASA 21/001/2013. Amnesty International Publications.
- Aspinall, Edward. 2005. "The Helsinki Agreement : A More Promising Basis for Peace in Aceh?" <http://hdl.handle.net/10125/3501>.
- Aspinall, Edward. 2006. "Violence and Identity Formation in Aceh under Indonesian Rule." Pp. 149–76 in *Verandah of violence: the background to the Aceh problem*, edited by A. Reid. Singapore : Seattle: Singapore University Press ; In Association with University of Washington Press.
- Basso, Keith H. 1996. *Wisdom Sits in Places: Landscape and Language among the Western Apache*. Albuquerque: University of New Mexico Press.
- Berkley, Seth. 2019. "Vaccination Lags behind in Middle-Income Countries." *Nature* 569(7756):309–309. doi:10.1038/d41586-019-01494-y.
- Boomgaard, Peter. 2003. "Smallpox, Vaccination, and the Pax Neerlandica: Indonesia, 1550-1930." *Bijdragen Tot de Taal-, Land- En Volkenkunde* 159(4):590–617.
- Bubandt, Nils. 2005. "Vernacular Security: The Politics of Feeling Safe in Global, National and Local Worlds." *Security Dialogue* 36(3):275–96. doi:10.1177/0967010605057015.
- Calhoun, Craig. 2010. "The Idea of Emergency: Humanitarian Action and Global (Dis)Order." Pp. 29–58 in *Contemporary states of emergency: the politics of military and humanitarian interventions*, edited by D. Fassin and M. Pandolfi. New York : Cambridge, Mass: Zone Books ; Distributed by the MIT Press.
- Closser, Svea. 2010. *Chasing Polio in Pakistan: Why the World's Largest Public Health Initiative May Fail*. Nashville, Tenn: Vanderbilt University Press.
- Costa, Dia Da, and Alexandre E. Da Costa. 2019. "Introduction: Cultural Production under Multiple Colonialisms." *Cultural Studies*. <https://www.tandfonline.com/doi/full/10.1080/09502386.2019.1590436>.

- Douglas, Mary. 1966. *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo*. London New York: Routledge.
- Drexler, Elizabeth F. 2008. *Aceh, Indonesia: Securing the Insecure State*. Ethnography of Political Violence. Philadelphia, Pa: University of Pennsylvania Press.
- Dubé, Eve, Caroline Laberge, Maryse Guay, Paul Bramadat, Réal Roy, and Julie A. Bettinger. 2013. "Vaccine Hesitancy." *Human Vaccines & Immunotherapeutics* 9(8):1763–73. doi:10.4161/hv.24657.
- Fanon, Frantz. 2008. *Black Skin, White Masks*. New edition. Get Political. London: Pluto Press.
- Feener, R. Michael. 2013. *Shari'a and Social Engineering: The Implementation of Islamic Law in Contemporary Aceh, Indonesia*. 1. ed. Oxford Islamic Legal Studies. Oxford: Oxford Univ. Press.
- Frazer, James George. 1911. *Taboo and the Perils of the Soul [Electronic Resource]*. London : Macmillan.
- Frohman, Elliot M., and Dean M. Wingerchuk. 2010. "Transverse Myelitis." *New England Journal of Medicine* 363(6):564–72. doi:10.1056/NEJMcp1001112.
- Graeber, David. 2004. *Fragments of an Anarchist Anthropology*. Paradigm. Chicago: Prickly Paradigm Press : Distributed by University of Chicago Press.
- Grayman, Jesse Hession, Mary-Jo Delvecchio Good, and Byron J. Good. 2009. "Conflict Nightmares and Trauma in Aceh." *Culture, Medicine, and Psychiatry* 33(2):290–312. doi:10.1007/s11013-009-9132-8.
- Harapan, Samsul Anwar, Herlina Dimiati, Zinatul Hayati, and Mudatsir Mudatsir. 2019. "Diphtheria Outbreak in Indonesia, 2017: An Outbreak of an Ancient and Vaccine-Preventable Disease in the Third Millennium." *Clinical Epidemiology and Global Health* 7(2):261–62. doi:10.1016/j.cegh.2018.03.007.
- Harapan, Noelle Shields, A. Kachoria, A. Shotwell, and A. Wagner. 2020. "Religion and Measles Vaccination in Indonesia, 2007–2017." *International Journal of Infectious Diseases* 101:483. doi:10.1016/j.ijid.2020.09.1263.
- Hausman, Bernice L. 2019. *Anti/Vax: Reframing the Vaccine Controversy*. The Culture and Politics of Health Care Work. Ithaca ; London: ILR Press, an imprint of Cornell University Press.
- Hoffman, Steven J., and Clarke B. Cole. 2018. "Defining the Global Health System and Systematically Mapping Its Network of Actors." *Globalization and Health* 14(1):38. doi:10.1186/s12992-018-0340-2.
- Idria, Reza. 2019. "Letters to Maop: Living with a Ghost as Therapeutic Experience." *Ethos* 47(4):465–79. doi:10.1111/etho.12258.

- Kennedy, Jonathan. 2017. "How Drone Strikes and a Fake Vaccination Program Have Inhibited Polio Eradication in Pakistan: An Analysis of National Level Data." *International Journal of Health Services* 47(4):807–25. doi:10.1177/0020731417722888.
- Kloos, David. 2018. *Becoming Better Muslims: Religious Authority and Ethical Improvement in Aceh, Indonesia*. Princeton: Princeton University Press.
- Kuntowijoyo. 1996. "Ilmu Sosial Profetik Sebagai Gerakan Intelektual." *Republika*, August 19.
- Kuntowijoyo. 2019. *Maklumat sastra profetik*. Yogyakarta: Diva Press.
- Larson, Heidi. 2020. *Stuck: How Vaccine Rumors Start - and Why They Don't Go Away*. New York, NY: Oxford University press.
- Leach, Melissa, and James Fairhead. 2007. *Vaccine Anxieties: Global Science, Child Health and Society*. London: Earthscan.
- Matos, Camila Carvalho De Souza Amorim, Bruna Aparecida Gonçalves, and Marcia Thereza Couto. 2022. "Vaccine Hesitancy in the Global South: Towards a Critical Perspective on Global Health." *Global Public Health* 17(6):1087–98. doi:10.1080/17441692.2021.1912138.
- Mignolo, Walter D. 2021. *The Politics of Decolonial Investigations*. Duke University Press.
- Muwahidah, Sarah. 2020. "National (In)Security and Identity Boundaries: The Rise of Muslim Conservative Propaganda in Indonesia." *Journal of Islamic and Muslim Studies* 5(1):1. doi:10.2979/jims.5.1.01.
- Nazry, Bahrawi. 2023. "Indonesia's 'Sastra Profetik' as Decolonial Literary Theory." Pp. 328–56 in *Islam and new directions in world literature*, edited by S. R. Bin Tyer and C. Gallien. Edinburgh: Edinburgh University Press.
- Ojong, Nathanael, and Eyram Agbe. 2023. "'This Is Most Likely Not the Correct Vaccine': Analyzing COVID-19's Viral Spread and Vaccine Anxieties in Ghana, Cameroon, and Malawi." *Social Science & Medicine* 329:116001. doi:10.1016/j.socscimed.2023.116001.
- Parreñas, Juno Salazar. 2018. *Decolonizing Extinction: The Work of Care in Orangutan Rehabilitation*. Experimental Futures. Durham London: Duke University Press.
- Price, Max D. 2020. *Evolution of a Taboo: Pigs and People in the Ancient Near East*. Oxford University Press.
- Pronyk, Paul, Anung Sugihantono, Vensya Sitohang, Thomas Moran, Sowmya Kadandale, Sam Muller, Charlie Whetham, and Robert Kezaala. 2019. "Vaccine Hesitancy in Indonesia." *The Lancet Planetary Health* 3(3):e114–15. doi:10.1016/S2542-5196(18)30287-0.
- Radcliffe-Brown, A. R. 1939. *Taboo*. Macmillan, Cambridge University Press.
- Rather, L. J. 1986. "Disraeli, Freud, and Jewish Conspiracy Theory." *Journal of the History of Ideas* 47(1):111–31.

- Reid, Anthony, ed. 2006. *Verandah of Violence: The Background to the Aceh Problem*. Singapore : Seattle: Singapore University Press ; In Association with University of Washington Press.
- Robinson, Geoffrey. 1998. "Rawan Is as Rawan Does: The Origins of Disorder in New Order Aceh." *Indonesia* 66:126. doi:10.2307/3351450.
- Rochmyaningsih, Dyna. 2018. "Indonesian 'vaccine Fatwa' Sends Measles Immunization Rates Plummeting." <https://www.science.org/content/article/indonesian-vaccine-fatwa-sends-measles-immunization-rates-plummeting>.
- Rourke, Michelle F. 2020. "Restricting Access to Pathogen Samples and Epidemiological Data: A Not-So-Brief History of 'Viral Sovereignty' and the Mark It Left on the World." *Infectious Diseases in the New Millennium* 82:167–91. doi:10.1007/978-3-030-39819-4\_8.
- Samuels, Annemarie. 2019. *After the Tsunami: Disaster Narratives and the Remaking of Everyday Life in Aceh*. Honolulu: University of Hawai'i Press.
- Shah, Alpa. 2024. "When Decolonization Is Hijacked." *American Anthropologist* 126(4):553–66. doi:10.1111/aman.28021.
- Shah, Shreya, Janaki Patel, Abdul Rahman Alchaki, Moamina Fakher Eddin, and Nizar Souayah. 2018. "Development of Transverse Myelitis after Vaccination, A CDC/FDA Vaccine Adverse Event Reporting System (VAERS) Study, 1985–2017. (P5.099)." *Neurology* 90(15\_supplement):P5.099. doi:10.1212/WNL.90.15\_supplement.P5.099.
- Sjamsuddin, Nazaruddin. 1985. *The Republican Revolt: A Study of the Acehnese Rebellion*. Singapore: Institute of Southeast Asian Studies.
- Sobo, Elisa J. 2015. "Social Cultivation of Vaccine Refusal and Delay among Waldorf (Steiner) School Parents." *Medical Anthropology Quarterly* 29(3):381–99. doi:10.1111/maq.12214.
- Tuck, Eve, and W. K. Yang. 2012. "Decolonization Is Not a Metaphor." *Decolonization: Indigeneity, Education and Society* 1(1):1–40.
- Wagner, Kim A. 2010. *The Great Fear of 1857: Rumours, Conspiracies and the Making of the Indian Uprising*. Witney: Peter Lang.
- World Health Organization. 2012. "Global Measles and Rubella Strategic Plan: 2012-2020." <https://iris.who.int/handle/10665/44855>.
- World Health Organization. 2015. *Review of Vaccine Price Data*.
- Yang, Anand A. 1987. "A Conversation of Rumors: The Language of Popular 'Mentalités' in Late Nineteenth-Century Colonial India." *Journal of Social History* 20(3):485–505.