

DESIGNING COMMUNICATION STRATEGIES FOR POLIO ERADICATION CAMPAIGN: A CASE STUDY

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Abstract: *Lack of proper communication has been identified as a major factor in relapse of polio. This is indeed majorly related to under developed and developing countries. Designing a planned communication strategy can be instrumental in sustainable steps to eradicate polio. The paper focuses on a case study of Maheshtala, a city of South 24 Parganas under state of West Bengal in India. The experience further points out to the need of proper community relations. The challenge of designing effective message for the target group also throws light on knowing the community well. The importance of opinion leader is also immense in this respect. Altogether it has to be an overall inclusive approach.*

Keywords: *Polio, immunisation, communication, peer group, content design*

Poliomyelitis has been the focal point for prevention and control right from the inception of the Expanded Programme for Immunisation (EPI), adopted by the World Health Assembly in 1974. The availability of both the Oral Polio Vaccine (OPV) and injectable Inactivated Polio Vaccine (IPV) and their effective usage in various countries raised hopes of eradicating this scourge. OPV was incorporated by India into the Universal Immunisation Programme (UIP) for children in 1980.

Intensive Pulse Polio Immunisation (IPPI) was started in India from 1995, when all children under five years of age, irrespective of their immunisation status, were given additional doses of Oral Polio Vaccine (OPV) on National Immunisation Days (NIDs) and Sub National Immunisation Days (SNID). Since the World Health Assembly resolved in May 1988 to eradicate poliomyelitis, estimated global incidence of polio decreased by more than 99%, with

three World Health Organization (WHO) regions (Americas, Western Pacific and Europe) being certified as polio-free. Since 1994, when the South-East Asia Region (SEAR) began accelerated polio-eradication activities, substantial progress has been made^[1]. By 2001, poliovirus circulation in India had been limited primarily to two northern states of Uttar Pradesh and Bihar, with 268 cases reported nationwide. However, a major resurgence occurred in 2002, with 1600 cases detected nationwide, of which 1363 (85%) were in Uttar Pradesh and Bihar^[2].

WHO defines polio eradication as 'zero incidence of wild poliovirus (WPV) transmission anywhere in the world'^[3]. The National Polio Surveillance Project (NPSP), a partnership of the Govt of India and WHO is coordinating the eradication efforts in India. The strategy to eradicate wild poliovirus is two-fold-immunisation and surveillance.

Polio scenario of India:

The Polio Eradication Programme in India is a collaborative effort between the Ministry of Health and Family Welfare (MOHFW), WHO's National Polio Surveillance Project (NPSP), UNICEF, Rotary International, and the U.S. Centres for Disease Control^[4]. The programme aims to eradicate polio from India by immunizing every child under five years of age with the oral polio vaccine. India, together with Afghanistan, Nigeria, and Pakistan, is one of the four polio-endemic countries left in the world.

Remarkable progress has been made in the last few years to disrupt polio transmission in India. The number of polio cases dropped to a record low of 42 in 2010 compared with 741 in 2009. To date, in 2011, India has had only one case of polio, in January in Howrah district of West Bengal. The traditional polio endemic states of Uttar Pradesh and Bihar have not reported any cases of polio this year. Uttar Pradesh, the epicentre of almost all poliovirus outbreaks in the country, has not reported any case of polio since April 2010. Bihar has not reported any case of polio since September 2010.

Among the 42 polio cases of India in 2010, one of the cases of polio virus was found at Maheshtala, West Bengal. This a small study that deals with designing communication strategies for polio eradication campaign at Maheshtala.

According to 2001 India Census, Maheshtala has a total population of 389,214 among which males constitute 53% of the population and females 47%. Maheshtala has an average literacy rate of 69%, higher than the national average of 65.4% among which male literacy is 74%, and female literacy is 63%. In Maheshtala, 11% of the population is under 6 years of age. Minority community is approx 78% of the total population.

Message Design:

Keeping in mind the concept of Alternative paradigm, the interactive mode of face-to-face communication through opinion leaders or peer groups can actually be put to use for effective communication that will lead to individual motivation to mass mobilization. Where development communication interventions are concerned, alternative paradigm emphasis the use of small media operating in networks and the use of grass root communication approaches. According to this paradigm, grass root participation reinforces the chances that communities will adopt activities appropriate for them. Its aim is to produce a common understanding as a consensus among all the participants in a developing initiative. It emphasis the facilitation of exchanges of points of view among the various people involved and aims at taking into account the grassroots' perceptions in the planning of the project and mobilizing them in the development activities set out in the project. The methodology results from educational technology and is characterized by the integration of needs analysis and evaluation mechanism in the communication process.

Formation of Peer Groups:

Since a patriarchal kind of a society is under the scanner, as Maheshtala comprises mostly of Muslim community, two separate peer groups will be created comprising both male and female for individual house hold for easy flow of communication.

Paul Lazarfield and Elihu Katz ^[5] in their study found out that opinions and decision making was more by interaction among the people themselves. It also meant that the earlier assumption of audience as a mass of disconnected individuals, who were familiar to the media had to be modified in view of the two-step-flow theory of mass communication, which implied a society of individuals in everlasting contact with each other through which mass communication are channeled. It was revealed by their study that opinion leaders or peer groups are generally interested more in the events affecting the lives of the people like elections, government regulations etc. They are found to be more exposed to the medias than the people over whom they cast their influences. Therefore ideas often flow from different mass media to opinion leaders and from them to the less active sections of the population. This is like a fission reaction where the group of opinion leaders or peer groups passes the information to the grass-root level which eventually helps the development strategies to pass from lab to land.

Members of the peer groups:

The peer groups may consist of people such as local teachers, religious leaders, local elites, municipality councilors, elderly persons and local club members. All the above mentioned members have a respect in the society in their own respective way that may be put to use to motivate the general public regarding polio eradication campaign.

Guide of the peer groups:

The peer groups may get necessary guidance from UNICEF, CORE, WHO representatives, Health Professionals, Local NGO Workers (e.g. Right Track which is presently working at Maheshtala), Stingers from Media Houses, so on and so forth.

Content Design for Peer Groups:

The peer groups should mainly look to the matters relating to breaking down the social and religious taboos such as the polio drops can make boys impotent and it is a measure of family planning for the girls. They should make the people aware of maintaining proper hygiene, to remove the misconception such as after the OPV the child can die and there is no harm in taking the drops as many times as possible.

Execution:

The execution of the Awareness Campaign can be done in two phases. The most important step should be Planned Sustainable Weekly Campaign and the other may be Extensive campaign before the polio days.

Communication Tools for the Awareness Campaigns:

Before selecting the tools we should remember that the majority of the population of Maheshtala is generally not highly educated, mostly consists of drop outs from schools and child labours. So selection of the communication tools should be done keeping in view the target audience. Such as Posters, Pamphlets, Banners and Hoardings (in local language), Street plays involving local talents, distribution of T-shirts, paper masks and caps holding strong pictorial message, sponsoring local tournaments by UNICEF, organizing drawing competition for children, arranging rally within the locality, promoting awareness during the Kite Festival, which is regarded as one of the most exciting festivals for youth.

Conclusion:

A major factor contributing to poor and inadequate involvement of the community is particularly due to minority groups ^[6]. Other reasons for non-compliance have been a) apprehension of side effects b) unawareness of necessity for repeated doses c) social barriers like caste, gender, “purdah” system etc. d) lack of faith in ‘government activity’ and e) lack of motivation among workers to carry out house-to-house mop-up rounds. Community participation remains the key to success and has to be ensured for better compliances. Thus if community participation can be ensured in not only Maheshtala but all through the globe, then the dream of a polio free world can be materialised.

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