

The impact of ‘Awareness Campaigns’ in the eradication of polio from India

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Abstract

Polio Eradication in the history of India was a journey that took a great amount of persistence on the part of those actively involved. It set 2000 as the target end date, deeming eradication, if achieved, an ‘appropriate gift’ from the 20th century to the 21st century. The Initiative became the biggest international public health effort. The annual caseload had reduced by 99% and India Completed three full years without reporting any case of polio, India celebrated a landmark achievement in public health this year – the victory over polio. India introduced the oral polio vaccine in the initial years in the ‘Universal Immunization Program’ in the backdrop of over lakhs of cases of polio annually. The first national polio immunization campaign was held; since then two national and multiple sub-national campaigns are rolled out every year for children up to 5 years of age. In each national polio campaign, million vaccinators, led by supervisors, visited households to immunize children up to the age of five years. Over a two thousand representatives from the field i.e. the vaccinators, community mobilisers of the UNICEF-led Social Mobilization Network, the surveillance medical officers of WHO, and the health department officials; who were undeniably the key players in India’s proud story of victory over polio, were present at the celebration of Polio Free India.

Keywords: Polio Campaigns, Polio eradication, Polio awareness, Polio Free.

Introduction

Polio is a virus spread through person-to-person contact. It is known for its crippling effects on people’s limbs, but this occurs in only one in every 200 infections, when the virus reaches the central nervous system. **The polio programme in India:** The National Polio Surveillance Project (NPSP), a joint initiative between the Government of India and the WHO, is responsible for implementing the GPEI in India. It is supported by twelve partner agencies: Rotary International, UNICEF, the World Bank, the UN Foundation, eight national agencies of developed countries (including the UK and the US) and a coalition of four voluntary organisations. The NPSP is the Ministry of Health’s most expensive public health programme to date; in 2007 India spent more on polio eradication than on all other disease control programmes. Affiliated with the NPSP is the India Expert Advisory Group (IEAG), established in 1999 to monitor progress and provide technical advice. The convenor of the Polio Eradication Committee of the Indian Academy of Paediatrics, T Jacob John, is also a member of IEAG. He is one of the most prolific writers on polio in India, publishing numerous journal articles on the subject every year.

Review of Literature

Obregón and Chitnis, on 06 February 2009, wrote an article on “Achieving polio eradication: a review of health communication evidence and lessons learned in India” in Bulletin of the World Health Organization. Communication for polio eradication relied on information dissemination about health services, primarily through mass media, aimed at increasing demand for vaccines, especially in areas with a good health infrastructure and high routine immunization rates. Polio eradication in India raised new challenges that demanded communication interventions that were responsive to the evolving nature of the epidemic and the social context of the children they hoped to immunize. Epidemiological, social and behavioural data have informed multiple communication interventions and culturally-sensitive approaches. There was no vaccine against resistance or refusals that were rooted in social-cultural, religious and political contexts. No supply chain could overcome issues of gender-based decision-making in households. Medical approaches alone could not address certain community concerns. These challenges demanded effective communication action. Lessons learned by the Global Polio Eradication Initiative may have contribute to global public health efforts as they looked for innovations to address even more challenging objectives.

Frauenfelder, on 25th November 2006, wrote an article on “WHO is to change its polio eradication programme in India” in their journal they presented facts about Polio in India through a study published in Science. The WHO was to change its polio eradication programme in India, adding a monovalent oral vaccine to the existing regimen they hoped that this addition will finally rid the country of the disease. The study’s key finding was that poor sanitation and over-crowding product an ideal end-rotunent for the virus in some regions in India. The poor health of impoverished children also limited the effectiveness of the trivalent vaccine that has been the mainstay of WHO’s eradication programme in India. Data analysed in the report, showed that Uttar Pradesh and Bihar are the problematic areas. The conditions described in the report produced disease reservoirs where transmission persisted throughout all seasons. Cutbacks of vaccination in disease-free areas due to Miffing dill-tacky led to the increase in cases. Children in high risk areas in India eventually continued to receive the trivalent vaccine and would have been given an additional dose of oral monovalent vaccine for type I virus. Dr Aylward said. The vaccination will be repeated every eight weeks, up to eight times. He also explained that very young children will receive extra vaccinations between these doses.

Methodology

Selection of Topic: Polio had been one of the major incurable illnesses prevalent in India and researchers had been reviewing the performance of the various campaigns, since the onset of Polio Eradication initiatives. After a series of attempts at eradicating polio from the country, success was achieved ultimately in the year 2011. This research aimed at studying whether there was an impact of “Awareness Campaigns” in educating the population about the preventive measures of the disease, and its eradication from India. **Sample** was selected consisted of 50 respondents from varied walks of life and geographical location.

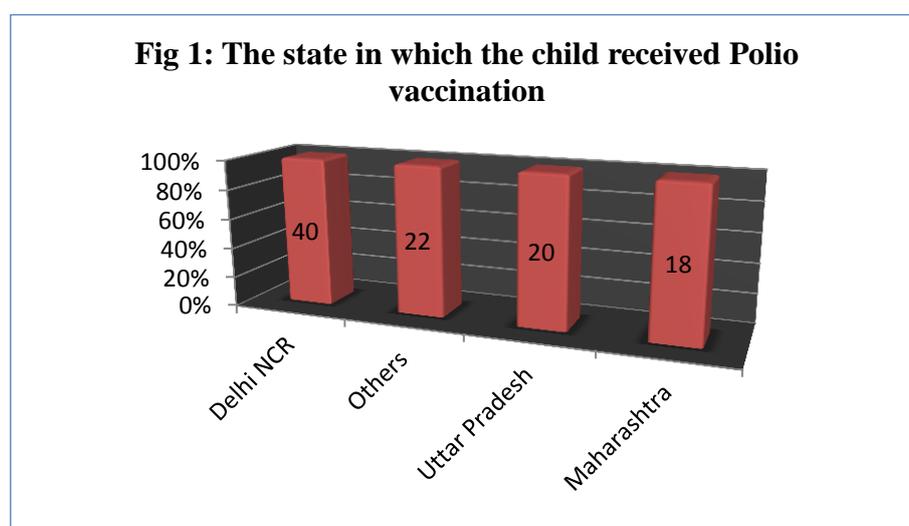
Hypothesis:

H₀: The extensive awareness about the preventive nature of the polio drops did not lead to “Polio Free India”.

H₁: The extensive awareness about the preventive nature of the polio drops led to “Polio Free India”.

Results/Findings of the Study**Table 1:** The state in which the child received Polio vaccination

S.No.	Response	n = 50	Percentage of respondents (%)
1.	Delhi NCR	20	40
2.	Others	11	22
3.	Uttar Pradesh	10	20
4.	Maharashtra	09	18

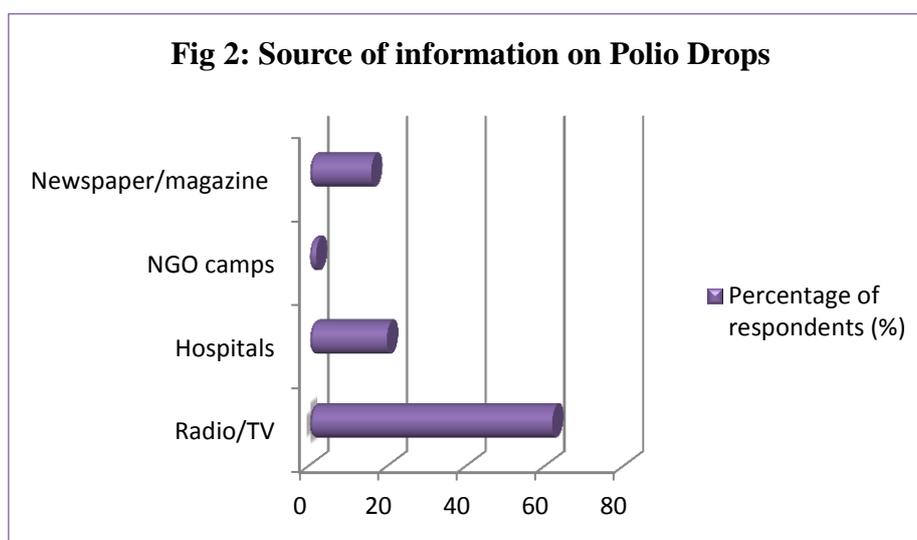


Discussion: Based on the responses given in Table 1 and Figure 1, it is observed that 40% of the respondents have given their kids polio vaccination in Delhi NCR after that is 22% who are in other places like Goa, Jaipur, Bhuj etc.. 20% of the respondents have given their kids polio vaccination in Uttar Pradesh and the remaining 18% of the respondents is from Maharashtra.

Hence, the above data is in **total contradiction of that of 'Frauenfelder'** who in 2006 deduced that Uttar Pradesh and Bihar are the problematic areas.

Table 2: Source of information on Polio Drops

S No.	Response	n = number of respondents	Percentage of respondents (%)
1.	Radio/TV	31	62
2.	Hospitals	10	20
3.	NGO camps	1	2
4.	Newspaper/magazine	8	16



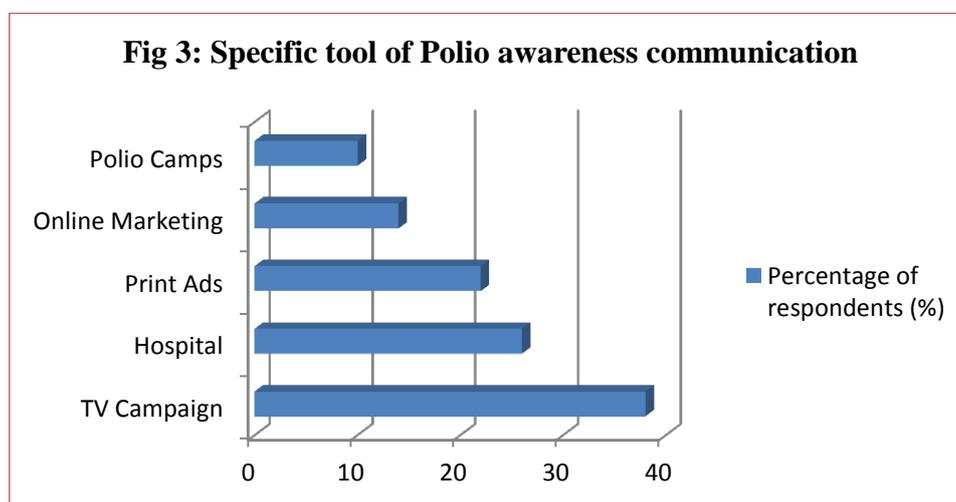
Discussion: Based on the responses given in Table 2 and Figure 2, it is evident that majority of the respondents that is 62% received information about Polio through the various campaigns released on both medias. Television commercials and messages given through the use of Radio are proven strong reasons of increasing Polio awareness. Also added 16% of the respondents agreed that the reason for their awareness were Newspaper/Magazines which also extensions of campaign run on Television. 20% of the respondents got polio drops related information from hospitals and only remaining 2% received information about the drops from NGO camps.

H_1 which stated that, the extensive awareness about the preventive nature of the polio drops led to “Polio Free India” has been proved correct.

Hence, H_1 is accepted.

Table 3: Specific tool of Polio awareness communication

S. No.	Response	n = number of respondents	Percentage of respondents (%)
1.	TV Campaign	19	38
2.	Hospital	13	26
3.	Print Ads	11	22
4.	Online Marketing	7	14
5.	Polio Camps	5	10



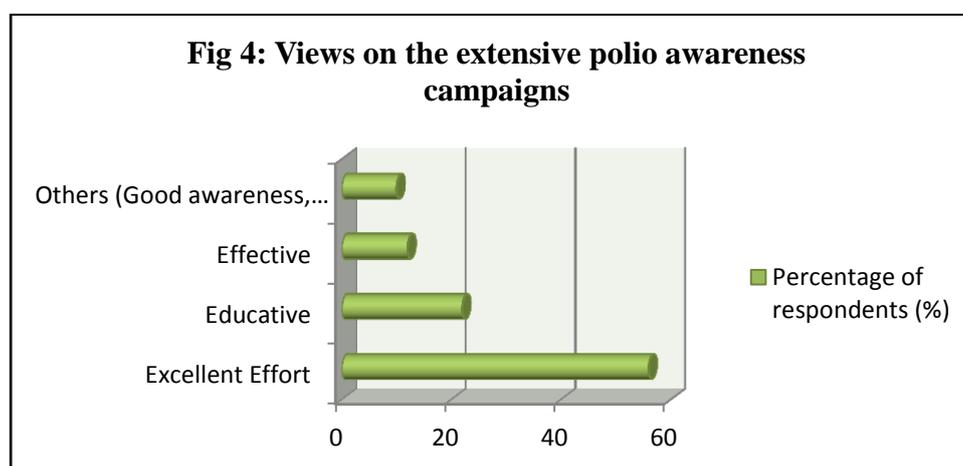
Discussion

It is observed that most of the respondents i.e 38% gained awareness about Polio though TV campaigns. 26% of the respondents got awareness from hospitals, 22% through Print ads, 14% though Online Marketing and 10% from Polio Camps.

The above data is in to total agreement with that of **Obregón and Chitnis** who in 2009 found that the communication for polio eradication relied on information dissemination about health services, primarily through mass media.

Table 4: Views on the extensive polio awareness campaigns

S.No.	Response	n = number of respondents	Percentage of respondents (%)
1.	Excellent Effort	28	56
2.	Educative	11	22
3.	Effective	6	12
4.	Others (Good awareness, good government effort)	5	10



Discussion: Based on the inference available from Table 4 and Fig 4, it is clear that from the data collected the respondents expressed their views on the extensive polio awareness campaigns, 56% found it to be an excellent effort which is the majority of the respondents, whereas 22% found it to be educative, 12% found it effective and also the remaining 10% found it to be a exercise that created good awareness, a good effort by the government etc.

H_0 that stated that the extensive awareness about the preventive nature of the polio drops did not lead to “Polio Free India” has been proven wrong.

Hence, H_0 is rejected.

Conclusion

The Polio Eradication initiatives were some of the very obvious reasons for the complete riddance of this ‘fatal disease’ from the Country. While there was a collective role of all the factors working towards awareness combined, the ‘awareness campaigns’ that were initiated towards the eradication of the disease, were predominantly identified as the reason for the knowledge and information about the disease amongst all masses and eventually the eradication of it, and through various measures taken. The study on ‘impact of awareness campaigns’ was an attempt to understand the forces responsible, for the eradication of this

fatal disease from the country. And also to prove, whether it was the ‘awareness campaigns’ that played a vital role in keeping the masses informed. It analysed the effects of various campaigns on families (parents) in terms of knowledge about the disease, whether it is preventable or curable. It also noted the families’ responses about their experience with different ways of receiving the dosage of medicine and how much each factor contributed to their awareness (that consequently made them take their children religiously for five years; to hospitals, booths etc. for vaccination.)

The study highlighted that the major awareness created amongst masses was through ‘awareness campaigns’, as the majority of the responses received had high weightage on information received through radio, television ads etc. It contributed greatly towards keeping the audience informed, in working towards the eradication of a fatal disease.

Recommendations

In the light of the study the following recommendations can be made:

- Success in the eradication of fatal diseases can be achieved by people with the help of awareness campaigns that give a direction to the audience through the knowledge these campaigns impart. Hence the government should continue releasing these campaigns at regular intervals.
- Reiteration of the message through awareness campaigns is to be made frequent to people, to be able to reach the goals in time. Especially in case of fatal diseases.
- The Hospitals should conduct personalised polio campaigning using new media in black out areas to reach out in a more effect manner.

Bibliography

Rafael Obregón and Ketan Chitnis on “Achieving polio eradication: a review of health communication evidence and lessons learned in India” Source: Bulletin of the World Health Organization 2009;87:624-630. doi: 10.2471/BLT.08.060863, 06 February 2009. URL: <http://www.who.int/bulletin/volumes/87/8/08-060863/en/> Accessed: 10/07/2014 04:00p.m. Claire Frauenfelder on “WHO is to change its polio eradication programme in India”.

BMJ: British Medical Journal (International Edition);11/25/2006, Vol. 333 Issue 7578, p1089 URL: <http://connection.ebscohost.com/c/articles/23298357/who-change-polio-eradication-programme-india>, Accessed: 10/07/2014 04:30p.m.

Jacob M. Puliyl, Manoj Anand Gupta & Joseph L. Mathew, in January 2007, a review of “Polio eradication & the future for other programmes”. Source: Indian J Med Res 125, pp 1-4, URL: <http://medind.nic.in/iby/t07/i1/ibyt07i1p1.pdf> Accessed: 10/07/2014 03:45p.m.

Indira Chakravarthi, article on “Ignored Outcomes of Polio Eradication” Source: Economic and Political Weekly, Vol 44, No. 35. From 29th Aug - 4th Sept, 2009. Page. 69-71,

URL: <http://www.jstor.org/stable/25663495>. Accessed: 10/07/2014 02:11p.m.