

# Communication as an Awareness Tool for Pulse Polio Immunization Program: A Case Study (In special Context to Madhab Bari Village, Tripura)

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**Abstract**-In the present era of information technology, communication is considered as a tool for awareness generation. Communication is very important for the social development as it provides an understanding of the social issues. The present research is based on the similar concept, i.e. how communication is used as a tool of awareness for public health related issues. This study aims to identify misconceptions related to pulse polio immunization and the role of communication as a tool of awareness. The researcher has selected Madhab Bari village in west Tripura as a case for the research and study. The main aim of this study is to find out the tools employed in the process of communication, media access and media habits among the respondents of the village, the role played by the health centers and other health workers in making the villagers of Madhab Bari Village aware about the importance of pulse polio immunization.

Research methodology used in the study was mainly primary. Data were collected from the Social Welfare & the Social Education Department, Madhab Bari Gram Panchayet Office, CDPO, Supervisor, Multi Purpose Workers, Anganwadi & ASHA workers, helpers, and villagers.

**Keywords:** Communication Tools, Awareness Generation, Pulse Polio Immunization,

## I. INTRODUCTION

In the present scenario, communication has the power to dictate our thought & expression. Communication plays a very crucial role in social awareness and development of social elements as it creates a platform of critical analysis, consciousness, constructive discussion and value addition in the society. Today, communication is a very important element for awareness generation in public health programs and developmental issues. Actually, media and communication are transforming and upgrading the entire society by providing constructive information related to public health delivery[1]. Communication, in particular, has revolutionized the way people expose their personal health problems and express their views on controversial public health issues and has become an important forum for discussions on science and health without time and place constraints. Communication, in the present era of digitalization allows people to create and share information, ideas, career plans and other forms of expression through virtual communities and networks. In the present study, researchers worked on the role of modern communication as a tool of awareness for public health, especially, Pulse Polio Immunization Program in Madhab Bari village, Tripura.

India faces many problems of polio and other fatal diseases, even at the present time, which need to be solved as soon as possible for the healthy growth and development of Indian society. In this respect, Pulse Polio Immunization projects a very important role for the social growth and public health development. Polio affects children under five years of age. Among the oldest recorded diseases known to man, Polio has been in circulation for several millennia. Young children, especially those below the age of five are particularly vulnerable to this disease. However, immune or partially immune adults and children can still be infected with poliovirus and carry the virus for long enough to take the virus from one country to another, infecting close contacts and contaminating sanitation systems. This could facilitate transmission, especially in countries where sanitation systems are sub-standard. The Integrated Child Development Service (ICDS) was conceived on 2<sup>nd</sup> October 1975 with an integrated delivery package of early childhood service[2]. ICDS is a multi-sectored program and involves several government departments, their services are co-coordinated at the village, block, district and state/ central government levels. ICDS was launched to assure community services through a network of Multi Purpose Workers & Supervisors, Anganwadi workers, ASHA workers, village women working in their own communities. Apart from Supplementary nutrition, pre-school education,

Health check-up, Referral services, health and nutrition education ICDS provides support to eradicate polio. Participation and commitment are essential to achieve cost-effective and sustainable health goals. People are using various media for communication and information on health issues. The unprecedented availability of communication devices and platforms has also led various development institutions to design and implement different measures for social, cultural and behavioral change. However, there are numerous discussions on the role of communication as a tool in polio prevention, the role of communication is very crucial in changing the misconceptions of people & improving community perceptions about the significance of polio immunization program. This is what motivates us to do this research.

## II. CONCEPTUAL FRAMEWORK

Oral Polio Vaccine (OPV) was developed in 1961 by Dr. Albert Sabin. OPV is highly effective, safe and inexpensive vaccine and has been used in all countries of the world to eradicate polio. The WHO has defined polio eradication as the interruption of transmission of wild polioviruses in all human communities in the world. Use of the OPV was recommended by WHO for the Expanded Program on Immunization (EPI) in 1974 and subsequently for GPEI. OPV contains a live attenuated virus that provides immunity to the child and contributes to building 'herd immunity' in the environment. Since the route of transmission is oral-fecal, it is believed that the presence of the vaccine virus shed by a child will indirectly immunize those not directly immunized, inactivated polio Vaccine (IPV) an injected vaccine in comparison gives the individual excellent immunity against the diseases but does not contribute to herd immunity in communities. Since OPV is administered orally, it fights the virus from the place where it breeds in the human body[3].

Communication is crucial for strengthening the vaccine demand and supply. Children do not get vaccinated if caregivers do not know the value of vaccines, when children need to be immunized, and where vaccines are administered, when communities are excluded or beyond the reach of immunization service, if caregivers do not trust the safety of vaccines, if vaccines are not available. Localized opposition's negative publicity surrounding vaccine safety and suspected or real adverse events following immunization are more likely to attract wide media coverage, and spread through the Internet[4]. In India, exposure to television and radio spots featuring a popular film celebrity influence caregiver's decision to go to vaccination booths during the polio immunization campaigns.

The story of communication to eradicate polio in India is to motivate people to immunize their children against polio round after round. A mix of media is used –intense social mobilization and a robust mass media campaign featuring Amitabh Bachchan, strategically placed posters, banners and print advertisements, folk media, etc. The pulse polio initiative in India is unique, a range of communication has been tried and tested before been adapted over time to ensure that communities stay engaged with the program[5]. Communication should be continuous and not fractured or intermittent. Communication is an integral part of our day to day life. The main purpose of communication is to provide information to the people, enable the people to understand their problems, also bring out solution to these problems. It is not possible for us to communicate a large number of people at a time. Media has given us the opportunity to spread the message to the mass audience and create awareness about any issue. The communication tools that they use are very attractive and credible, they show film stars, cricketers or any prominent personality [6]. The reach of media has now increased a lot as a result of which it has turned to be successful in influencing our opinion to a great extent.

## III. OBJECTIVES OF THE STUDY

- 1) To find out the awareness of the respondents of the village about polio vaccination.
- 2) To study the tools employed in the process of communication.
- 3) To find out the role and effectiveness of communication tools used by the health centers and workers in the pulse polio immunization Program.

As mentioned above, the research is analytical in nature as it sharply shows how communication is used as a tool for awareness generation on public health. Furthermore, the issues highlighted on communication as a tool certainly results in a change of expression and development of new information related to public health for the villagers.

### Selection of the Sample village:-

The research has taken Madhab Bari as a case as the village has a unique presentation in the region. Population wise also the village has a mixed presentation with a high degree of literacy in the region. The villagers are mostly literate and exposed to media like TV, newspaper, radio. Advertisements are shown on the importance of pulse polio immunization, still a few people in spite of being exposed to media fear about the side effects of pulse polio. Some people, mostly the Muslim community also

think that pulse polio is made from pig oil, which is restricted to be consumed according to their religious belief. The Madhab Bari village is a semi urban village, still some have a superstition that pulse polio may cause harm to their child and they also feel that their grandparents didn't take any pulse polio vaccine so their children also do not require it.

This Village comes under Jirania Block of West Tripura District, this has been selected as the sample village. This village represents a heterogeneous occupational pattern & income groups.

**Sample Size:-** The respondents of the study are mothers. 100 mothers are selected who have children between 0-6 years.

#### **Profile of the Madhab Bari Village:-**

Madhab Bari G.P. is one of the Gram Panchayets of Jirania R.D. Block; and is located in the West district of Tripura. Tripura is one of the seven states of the North- eastern region. Madhab Bari is 17 kilometers away from Agartala (the Capital city of Tripura).

Total number of families - 278  
Total population - 1220

#### **Out of the total population,**

Male-629  
Female-591  
Literacy Rate – 98%

The village comprises of both Hindus & Muslims, but most of them are Hindus. The communities prevalent in this village are Bengalis & Tribal. In this village 221 villagers have job cards.

The approximate occupational pattern of Madhab Bari G.P. is as follows:-

<b>Occupation</b>	<b>Percentage (%)</b>
Agriculture	45
Service	33
Business	15
Daily Wagers	7

### **IV. RESEARCH METHODOLOGY**

This study involves the random sampling methodology for the collection of information for interpretation. Some of the secondary sources of information are also considered for the present research. The study relied on a survey conducted through open ended questionnaires. This was used by around 100 mothers of the Madhab Bari Village. Data was also collected through face to face interview. The study is based mainly on primary data. Data were also collected from the Social Welfare & the Social Education Department., Madhab Bari Gram Panchayet Office, CDPO, Supervisor, Multi Purpose Workers, Anganwadi & ASHA workers, helpers, and villagers.

The study is designed as survey research among the respondents of Madhab Bari G.P. (Gram Panchayet). The survey method of research is employed in order to answer the objectives of the research. Informal interviews along with extensive discussion with respondents are also adopted & all information received is recorded on the spot.

### **V. DISCUSSION**

As per the data collected, 43% of the respondents were farmers and 13% were engaged in service, 39% of them were businessmen while, 5% were daily wagers. As regards to the educational qualification only 3% of the respondents were found illiterate. 25% of the respondents studied up to Graduation level. The rest of the respondents were found to have the status of School level qualification.

Data collected were very clear that around 21% of the respondents belong to a BPL group while 24% earn up to Rupees 5000 per month, 55% of the respondents are capable of earning Rs. 5000 above per month, so, the respondents maintain an average standard in respect of occupation, income and educational status. 98% of the respondents are aware of polio immunization and 94% of them take their children for polio vaccination. Only 4% of them refrain from such activity. Because 3% of them do not

take vaccination for fear of side effects and 1% has become victim of superstition. 89% of the respondents, who take polio vaccination, attend Anganwadi center while 10% go to the health centers and only 1% of them avail themselves of the opportunity at home.

51% of the people get information from media while 26% collect information from the ASHA workers and 20% are informed of that by the Anganwadi workers. Only 3% of the respondents get information from the health center.

Among the respondents (51%) who have access to the media, 20% read newspaper, 55% watch T.V. While only 2% listen to radio and 23% are influenced by others.

Among the total figure of respondents, 55% people are fond of T.V. Out of this 55%, T.V. sets are found in the house of 54% and the rest (i.e.1%) have no T.V. set at home, so they visit neighbor's house or any other place to watch TV.

Out of this 55% who watch T.V. 52% watch advertisement program as well while 3% of them do not like T.V. Advertisement. Out of 52% who watch T.V. advertising, 41% could recall the ad of pulse polio. Again among the person's who could recall the pulse polio ad 31% could specify the message and the rest could not. It was observed that 30% out of 41% were influenced by pulse polio ad and 11% were not influenced by the pulse polio advertisements.

This study shows that Anganwadi and ASHA workers render good service in generating awareness on polio vaccination. Door to door campaigns also are undertaken by the Anganwadi workers to motivate the mothers to take their children for vaccination[7]. But in spite of all these efforts nearly 4% of the villagers do not take their children for polio vaccination due to fear of side effects & superstition. So, special campaigning & interpersonal communication should be done involving the mothers of those children in the presence of the Medical officers to make them believe that there would be no side effects after polio vaccination.

## VI. CONCLUSION

The objective of this study is to analyze the value and role of communication as a tool for Pulse Polio Immunization Program. It was found from the data analysis that Polio Vaccination Camps are organized in the Madhab Bari village, Anganwadi workers, ASHA workers & helpers are doing good service in creating awareness among the people regarding polio vaccination. They visit their (villagers) houses; door to door campaigns are also done so that all villagers should take their children for vaccination. But in spite of all these efforts nearly 4% of the villagers do not take their children for polio vaccination due to fear of side effects & superstition[8]. So, immediate steps should be taken to make those people free from superstition and also provide the necessary facts in order to make them believe that there would be no side effects after polio vaccination. Literacy and educational status of the villagers are satisfactory and majority of the respondents have television in their own house in comparison to Radio or Newspaper [9]. So, we can say that since most of the people are exposed to T.V., celebrities in the advertisements also play important role in making the people conscious about polio vaccination.

## RECOMMENDATIONS

1. Strengthening and supervising communication skills of health providers should be integral to immunization planning and training. They need to be trained and adequately supervised to ensure that they give relevant and comprehensive information in a respectful and culturally sensitive manner.
2. Raising public awareness about the impact of vaccination programs would be helpful in reducing disease incidence and saving lives.
3. Communication interventions should be tailored based on information distinguishing knowledge and attitudes among users and non-users of immunization services.
4. Grass root level communication strategies are more likely to succeed if they are integrated with the provision of other community health and social needs.
5. Medical Officers should discuss the importance of Pulse Polio Immunization with mothers in VHND (Village Health & Nutrition day) programmes.
6. ASHA & Anganwadi workers should work more sincerely in order to make the people more conscious about polio.

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