

Fear of Polio Drops Overcome

In this interview in the "Over a Cuppa" section of the Deccan Herald of India, Gitanjali Chaturvedi, author of *The Vital Drop* and Communication Consultant for the Global Polio Eradication Initiative, speaks about why communication is critical in ensuring the success of public health initiatives like pulse polio.

In response to overcoming the rumour that the polio vaccine caused impotency, a two-pronged approach was used. This consisted of engaging the multi-agency Social Mobilisation Network (with the United Nations Children's fund (UNICEF), CORE, and Rotary appointing community-level mobilisers). Mobilisers from the network began systematically recording and updating a list of children under five years of age in their area, as well as building local networks among religious leaders and local influencers, and counseling mothers/mothers-in-law. In particular, mobilisers were trained to counsel on the issue of impotency using examples from countries that have eradicated polio, including Islamic countries.

The second was the introduction of the Underserved Strategy in 2004, focusing on the Muslim community due to their high rate of polio. Muslim academic institutions helped mobilise the Muslim intelligentsia, and helped craft messages and strategies for social mobilisation that would resonate with the Muslim community. Muslim clergy became engaged. The universities issued a certificate assuring the safety of the vaccine and addressing the rumoured impotency. "Bringing the clergy on board helped counter negative fatwas, clarify vaccine safety issues and address doubts and misconceptions in a manner that was intelligible to the communities at risk of polio."

The high point of the polio immunisation effort cited here has been sustaining 95 per cent coverage through the epidemic years of 2006-2007 in Uttar Pradesh (UP) and Bihar. Significant communication highlights are described as: a successful mass media campaign featuring Amitabh Bachchan (since January 2003); the Social Mobilisation Network in UP and Bihar; and the Underserved Strategy seeking to serve hard-to-reach communities, especially Muslims in high-risk areas in UP and Bihar.

Challenges are described by region:

1) "In UP the challenge was predominantly that of communication. What added to

the problem was that the virus was also firmly entrenched in a few pockets of western UP. In these high risk areas, population was high, there was high birth cohort and high rates of diarrhoea and other non-polio viruses. In western UP, communities that were especially vulnerable belonged to underserved Muslim communities - Ansaris, Qureshis, Alvis and Turks."

2) "The problem in Bihar was operational. Bihar does not really have an endemic area like UP either. Which makes it difficult to predict where the virus will be... however, because there is no core endemic area where the virus is entrenched, many experts feel that if Bihar steps up on operations, it will succeed in eradicating polio before UP."

3) The challenges in dealing with polio communication in the overcrowded pockets of the Deccan are, as stated here, reaching isolated settlements, convincing families to immunise children on each round, providing more opportunities than the National Immunisation Days (NIDs), and reaching migrant children. According to the author, "The Deccan offers operational challenges - high risk areas in north Karnataka fall in the districts of Bidar, Bijapur, Bellary and Bagalkot. In urban areas of Bidar and Bijapur, the challenges are similar to those in Aligarh or Meerut. It takes a lot to convince families to immunise their children every time. In Bagalkot, Bellary and Raichur, there are a range of issues - routine immunisation is low. Children therefore miss the opportunity of being immunised with OPV [Oral Polio Vaccine] in between NIDs (National Immunisation Days). Added to that, there are often isolated settlements where health workers fail to reach - this is especially true of districts such as Bagalkot that has families living in isolated huts in orchards. There is also a large migratory population that travels to Mumbai and Goa for work. Children in transit are particularly vulnerable and are likely to infect under-immunised children in north Karnataka."

The interview concludes by describing the singular nature of the organisation of the polio initiative over time working on the ground, developing monitoring and verification systems to generate verifiable data.

[Editor's note: This interview is no longer available online.]

Email from Gitanjali Chaturvedi to The Communication Initiative on December 15 2008; and the [Deccan Herald Archives website](#) on July 23 2009.