

Social determinants of health influencing pulse polio immunization programme in India: Public health specialist's perspective

Vani H C

Assistant Professor, Dept. of Community Medicine, Bangalore Medical College & Research Institute, Bangalore, Karnataka

Email: chinav.vani@gmail.com

Abstract

Health being multifactorial it's influenced by various determinants like biological, behavioural, environmental, socio cultural, equity etc. While working as a monitor for the pulse polio programme the author observed various social factors which influenced the children to receive or not to receive the polio vaccine drops. This article describes various social factors influencing the pulse polio programme from a public health specialist point of view.

Keywords: Social determinants, Pulse polio programme, Migrants, Health demand

Introduction

India was declared polio free country in 2014.⁽¹⁾ This is mainly because of pulse polio program being conducted successfully. But still we need to continue immunising the new birth cohorts to prevent the development of immunity gap. As a part of the program we have four vaccinators for one booth working at the field level to immunise the under five children, above them is the supervisor who supervise the activity of the vaccinators. External monitors are posted to monitor the work of supervisors. So from our department I was appointed as External Monitor for the first round of pulse polio program i.e on Jan 18th to 22nd 2015. We received training for the monitors and I was allotted to cover Bangalore rural i.e Devanahalli and Hoskote taluk. Though the areas allotted were rural these were very much influenced by urban settings due to close proximity to urban area i.e. Bangalore. During this I came across various issues of migrants and few social determinants of health and disease which influenced this program that I would like to share with you.

Health issues of migrants and social determinants of health witnessed during monitoring

During area visit to Devanahalli I was accompanied by health worker to a brick kiln which was approximately 30 kilometers interior from highway road and was a high risk area. (A high risk area is a vulnerable spot where children are missed in routine immunization & risk of faeco oral route of transmission is high among these children. It can be slums with migration, nomads, brick kiln, construction site and any other areas). Here around 20 houses were there and the families were migrants from Orissa. They had difficulty in communicating due to language barrier. When enquired they didn't know roughly how many under five children were there in that brick kiln, what was their children's age and were not aware if they were immunised or not. These people from Orissa, because of poverty were forced to migrate to such interior place

in Bangalore in search of work, food and shelter. Once they reached a new geographical area; language & cultural differences interfered in accessing health care. Above that illiteracy and ignorant about what's happening in the world would have led them to be unaware of pulse polio program despite so much of Information Education and Communication activities. The credit goes to the hard working health workers who visited that area and ensured that each and every child was immunised.

Next I visited project construction site in interior village of Hoskote. When examined twelve children out of which four were not immunised. When enquired the parents as to why these four children were missed they said the children were in another village of neighbouring state and had returned home only previous night; while the team had visited on first two days and immunised other children. The migrant parents didn't realise that it was their duty to vaccinate their children at any nearby booth but rather complained that no health workers approached them with the vaccine. Ignorance about this program and the role of illiteracy affecting children's health can be clearly seen here.

As a part of microplan we visited a construction site very close to Bangalore highway. Around 30-40 sheds were present in 3 or 4 different localities within this construction site. That accounted for approximately 200 houses with 2150 population and under five year population being around 150. Majority were migrants. The vaccinator team had visited here every day in the past three days but still few children were missed since few families had gone to their native i.e Andhra Pradesh for weekend and few more families had left to celebrate Sankranti festival. What surprised me was that such a huge migrant population living so close to the city and national highway were not aware of such programmes and also about the availability of free vaccine. Though the responsibilities had been taken up by vaccinators to ensure that each and every child to be vaccinated; the parents didn't show interest even after

going to their doors. So lack of knowledge about the severity of the disease can be one of the reasons for the parents who failed to realise the importance of this program.

Near a Primary Health Centre (PHC) at Hoskote taluk we found few huts on left side of the road. On examination four out of nine children were unimmunised. On enquiring we found that the two families from Raichur had come to that place on that day morning while the vaccinator's team had visited that area on previous three days. These children had missed the vaccination at Raichur too. I requested the head of the family to take the children to nearby PHC (was within 2 kms distance) for vaccination. He agreed but never went to the health centre. We revisited the area later and vaccinated the children. These children had lost opportunity both at Raichur and at Bangalore due to lack of awareness among the parents. But even after informing the parents they didn't consider our words seriously. So what struck to my mind is "placing people's health in people's hand" the underlying principle of primary health care;⁽²⁾ unless people become aware of the health needs no matter how much free health care services we give they are not going to use it unless they are made to feel that this vaccination is essential for their child's protection against polio disease.

On the opposite side of the road we visited a waste segregation unit. Here the wastes from various hotels in Bangalore were dumped. Families from Orissa were staying here who segregated the waste and then sent for recycling. What we need to think is how and why these people from Orissa migrated here to do such kind of work. What is forcing them to stay in such an unhygienic area...? Though the team had visited the previous days still 3 children were missed.

We then visited a stone crusher area which is also a high risk area. Around 4 to 5 families migrated from Orissa were living in katcha houses and each had a television. Here also found two unimmunised children. In spite of information being provided through television these people hadn't come forward to get their children vaccinated.

The plight of migrants

While working as a monitor for pulse polio program I came across many urban health issues and the plight of migrants. The so called rural areas of Bangalore are currently entering the transition of developing into an urban area and people from all parts of India are migrating here. The health issues of migrant population are unimaginable. Due to lack of basic facilities i.e food, clothing and shelter in their respective home town they are forced to migrate to urban areas or on borderline areas (between rural and urban area) and settle in unhygienic slums. In the new locality they are not aware of routine government health care facilities made available for them and hence do not

access it. Financial instability prevents them from accessing private health care facilities.

The role of public health specialist

When people are still struggling to meet the basic needs i.e food, clothing and shelter they cannot even think of spending money on health. But they fail to realise that ill health can lead them further down to poverty making them more vulnerable to disease. So can we say that poverty is root cause of morbidity and mortality? In that case lot of initiatives i.e poverty alleviation programmes have been undertaken by our government in the past and even now it's going on. The failure is from the general public to realise that health is their basic need. Once they understand this and come forward and demand for health care facilities and utilise them effectively then only we can bring about an improvement in our country's health status. So as a public health specialist our role is to make the general public realise that health as their felt need and ensure that they come forward and demand for it. Along with this various social determinants of health like poverty, illiteracy, ignorance, migration, unemployment, lack of awareness and lack of interest regarding polio disease among the public needs to be addressed in order to sustain the success of 'India polio free country'.

References

1. Chan M. WHO Director-General celebrates polio-free India. The WHO [serial online] 2014 Feb 11 [cited 2016 March 7] Available from URL: <http://www.who.int/dg/speeches/2014/india-polio-free/en/>.
2. Bhalwar R, Vaidya R, Tilak R, Gupta R, Kunte R. Philosophy Behind "Health For All (HFA)", "Primary Health Care (PHC)" & "Millennium Development Goals (MDGs)". In: Text book of public health and community medicine. Pune: Department of Community Medicine Armed Forces Medical College; 2009.