

## “COMMUNICATION OF INNOVATIONS FOR FREEDOM”

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### ABSTRACT

**Objective:** Through Innovations in Communication and its impact on human being for their freedom from few aspects of deadly diseases eradication from society, case study “the Communication of Innovations” that helped in eradication of Polio from India

Lack of proper Communication of Innovations strategy 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 of Innovations strategy can be instrumental in sustainable steps to eradicate polio. The paper focuses on a case study of Polio Eradication 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, Communication of Innovations, Peer Group, Content Design, Immunization, Freedom, Polio Eradication, Advertising, Differentiation

### INTRODUCTION

India has made unprecedented progress against polio in the last few years, reporting only one case of polio in 2011, on 13 January, compared with 42 polio cases in 2010 and 741 cases in 2009. The lone polio case in 2011 was reported in a two-year-old girl in Howrah, close to Kolkata, West Bengal.

One of the significant successes that India achieved in the last decade in the health sector has been the eradication of polio in India. To achieve a polio free India, innovative strategies were launched in which communication interventions have played a consistently central role. Mass media and information dissemination approaches were used in immunization efforts and have contributed to this success. Reaching the hardest-to-reach, the poorest and most marginalized, and those without access to health services were critical challenges in the country that have pushed eradication efforts to explore increasingly research-driven and innovative communication strategies.

Robust communication strategies including a new communication campaign targeting the need for repeated immunization up to the age of 5 years was implemented. A key aspect of the communication strategy to prevent spread of polio in India, was the use of All India radio and celebrity campaigners like Amitabh Bachan. The Radio Rural Forum experiment was conducted by the All India Radio at Poona in 1956. The project covered 156 villages where listening and discussion groups were organized in each of the selected villages.

### RESEARCH OBJECTIVE

The objective of this thesis is to study various innovations in Communication strategy and how it has helped in

eradicating deadly diseases in India with specific case of Polio Eradication in India.

This topic has been selected for study with the following objectives:

- This paper studies the role of communication of innovations and its impact on human being for their freedom from few aspects of deadly diseases eradication from society, case study “the Communication of Innovations” that helped in eradication of Polio from India and analyses of their implications.
- To understand major decision areas like freedom for Polio eradication from India through creative communication in Radio, TV & Print advertising, mission, message media and measuring effectiveness, media type, media planning process, effectiveness of advertising and creative communication in print advertising and its impact on society.

The proposed study is likely to provide greater and minute insight in the role of “Communication of Innovations” and its impact on human being for their freedom from few aspects of deadly diseases eradication from society, case study “the Communication of Innovations” that helped in eradication of Polio from India and analyses of their implications.

## **SO, LET’S UNDERSTAND WHAT IS COMMUNICATION & INNOVATION?**

- **Communication:** Communication word comes from Latin word "*communis*", meaning *to share*. It is the activity of conveying Information through the exchange of thoughts, messages, or information, as by speech, visuals, signals, writing, or behavior. It is the meaningful exchange of information between two or a group of person.

One definition of communication is “any act by which one person gives to or receives from another person’S information about that person's needs, desires, perceptions, knowledge, or affective states. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or nonlinguistic forms, and may occur through spoken or other modes.

Communication requires a sender, a Message and a recipient, although the receiver doesn't have to be present or aware of the sender's intent to communicate at the time of communication; thus communication can occur across vast distances in time and space. Communication requires that the communicating parties share an area of communicative commonality. The communication process is complete once the receiver has understood the message of the sender.

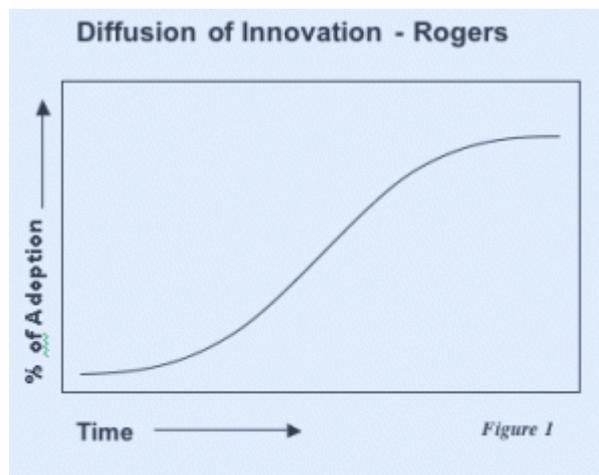
- **Innovation**

It is the application of new solutions that meet new requirements, inarticulate needs, or existing market needs. This is accomplished through more effective Product (business), Service, Technologies, or "Idea" that are readily available to Market Government, and Society. The term innovation can be defined as something original and new that "breaks in to" the market or into society. One usually associates to new phenomena that are important in some way. A definition of the term, in line with these aspects, would be the following: "An innovation is something original, new, and important - in whatever field - that breaks in to (or obtains a foothold in) a market or society. Innovation differs from Invention in that innovation refers to the use of a better and, as a result, novel idea or method, whereas invention refers more directly to the creation of the idea or method itself. Innovation differs from in that innovation refers to the notion of doing something different rather than doing the same thing better.

Organizations can improve the quality of innovation through Kirton's Cognitive style Adaption-Innovation Inventory and measure the effectiveness by applying a Balanced scorecard as put forth by Kaplan and Norton.

Diffusion is a social process by which an innovation is communicated over time among the members of communication network or within a social sector. Many studies have shown a predictable over-time pattern when an innovation spreads, the S-shaped curve graphed in Figure.

- When Bob Dylan wrote “The Times they are A – Changing ”he was describing diffusion
- When Amazon.com invested in anew inventory control system, it was adding to products’ diffusion.
- When the Centers for Disease Control and Prevention promoted its obesity prevention guidelines, it was doing diffusion.
- And when large-scale Columbian coffee farmer decided against planting low-yield, shade grown, high-quality high return coffee plants, they were limiting diffusion.



**Figure 1: Diffusion of Innovation- EV Roger**

An innovation can be an idea, knowledge, a belief or social norm, a product or services, a technology or process, even a culture as long as it is perceived to be new. Innovation is communicated verbally, by one person telling another, and in many other ways such as via magazine advertisements and personal observation. Commonly, we first learn of innovation through impersonal mediated communication channels, but only decide to adopt an innovation for ourselves later, after asking the opinion or observing the behavior of someone whom we know, trust or consider an expert. Ev Rogers labeled these people “Opinion leaders”. The social influence of opinion leader either by talking or by example-setting is what drives the diffusion curve up, giving it its characteristics “S” shape. They are also responsible for innovations not diffusing, by ignoring an innovation (passive rejection) or speaking out against it (active rejection. Studies of higher –order aggregates demonstrate opinion leader effects among organizations, counties, states and nations.

- **Diffusion of Innovation Theory**

Diffusion of Innovation (DOI) Theory, developed by E.M. Rogers in 1962, is one of the oldest social science theories. It originated in communication to explain how, over time, an idea or product gains momentum and diffuses (or spreads) through a specific population or social system. The end result of this diffusion is that people, as part of a social

system, adopt a new idea, behavior, or product. Adoption means that a person does something differently than what they had done earlier. The key to adoption is that the person must perceive the idea, behavior, or product as new or innovative. It is through this that diffusion is possible.

Adoption of a new idea, behavior, or product (i.e., "innovation") does not happen simultaneously in a social system; rather it is a process whereby some people are more apt to adopt the innovation than others. Researchers have found that people who adopt an innovation early have different characteristics than people who adopt an innovation later. When promoting an innovation to a target population, it is important to understand the characteristics of the target population that will help or hinder adoption of the innovation. There are **five established adopter categories**, and while the majority of the general population tends to fall in the middle categories, it is still necessary to understand the characteristics of the target population. When promoting an innovation, there are different strategies used to appeal to the different adopter categories.

- **Innovators** - These are people who want to be the first to try the innovation. They are venturesome and interested in new ideas. These people are very willing to take risks, and are often the first to develop new ideas. Very little, if anything, needs to be done to appeal to this population.
- **Early Adopters** - These are people who represent opinion leaders. They enjoy leadership roles, and embrace change opportunities. They are already aware of the need to change and so are very comfortable adopting new ideas. Strategies to appeal to this population include how-to manuals and information sheets on implementation. They do not need information to convince them to change.
- **Early Majority** - These people are rarely leaders, but they do adopt new ideas before the average person. That said, they typically need to see evidence that the innovation works before they are willing to adopt it. Strategies to appeal to this population include success stories and evidence of the innovation's effectiveness.
- **Late Majority** - These people are skeptical of change, and will only adopt an innovation after it has been tried by the majority. Strategies to appeal to this population include information on how many other people have tried the innovation and have adopted it successfully.
- **Laggards** - These people are bound by tradition and very conservative. They are very skeptical of change and are the hardest group to bring on board. Strategies to appeal to this population include statistics, fear appeals, and pressure from people in the other adopter groups.

Different people take different amounts of time to adopt innovations. For some, only one or two people in their personal network or "reference groups" are required to adopt before the focal individual then adopts for others nearly all others in their personal networks or reference groups must adopt before the focal individual finally converts. The differences are thresholds that vary from person to person for any particular innovation.

## **POLIO IN INDIA**

The Polio Eradication Programme in India was 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. The programme aimed 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 epicenter of almost all polio virus 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.

#### **The Above Has Been Achieved Through Innovative Communication Strategy Aimed at Mass-Awareness**

### **CONTRIBUTION TO THE FIELD OF STUDY**

#### **Innovative Communication Strategy Used for Spreading Awareness**

Mass and folk media and advocacy increased awareness and booth attendance. In India, large-scale mass media campaigns involving movie and cricket stars and political figures focused on dispelling rumours about OPV and encouraging caregivers to bring their children to vaccination booths. A 2003 evaluation showed that nearly 92% of 9370 respondents cited television and radio spots as “very influential” or “influential” in their decision to take children to vaccination booths, while “9 out of 10 respondents ... said they had come to the booth largely due to ... the TV and radio spots”.<sup>12</sup> Entry and exit polls following exposure to messages on local media among 2552 randomly selected respondents showed a 60% increase in awareness of the next National Immunization Day’s date and a 20% increased intention to get their children immunized at the booth. Puppet/theatre shows, video vans and other folk media activities held in more than 3500 villages in Uttar Pradesh, contributed to a 20% increase in booth attendance.<sup>10</sup><sup>20</sup> Data from 2004–2005 showed that 68% of respondents exposed to polio radio and television spots reported taking their children to the booth for vaccination, compared with only 44% among those not exposed to the advertising.

Keeping in mind the concept of Alternative paradigm, the interactive mode of face-to-face communication through opinion leaders or peer groups actually put to use for effective communication that led to individual motivation to mass mobilization. Where development communication interventions were concerned, alternative paradigm emphasis the use of small media operating in networks and the use of grass root communication approaches were used. According to this paradigm, grass root participation reinforced the chances that communities adopted activities appropriate for them. Its aim was to produce a common understanding as a consensus among all the participants in a developing initiative. It emphasised 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. Much of the focus was on bringing in influential leaders, like religious and local political leaders and doctors to participate in local functions to establish credibility for the immunizations. Powerful, message driven communication featuring Mr. Amitabh Bachchan, the revered king of celebrities in India, was successful in establishing him as the credible and authoritative face of the polio campaign.

By the end of 2004, India had only 134 new Polio cases, the lowest ever, fuelling hope of ending Polio transmission over the next few years.

Branding was a big thing in India; so anytime people saw the pink and yellow they knew a campaign was being announced. The use of celebrities as spokespeople for the campaign across all sorts of media, including text messages.

Most importantly, the criticality of continued compliance was reinforced.

- This was done by shifting the focus. The pillar of the previous campaigns was 'Do Boond Zindagi ki' or 2 drops of life – often misunderstood as one time immunisation. A contradiction to the need for repeated immunisation.
- The new pivot became 'Har Bachcha, Har Baar' - Every Child, Every Time, to convey that all children need to be immunised every time, without which no child is protected against polio.
- The tone and manner was changed to one of 'unified optimism' from the previously depicted 'authoritative dictatorship' of Mr. Bachchan.

Broadly, two types of innovations have been used in the India program. Vaccine innovations have included testing (immunogenicity studies) and deployment of monovalent and bivalent vaccines and evaluation of their impact through targeted sero-prevalence studies. Secondly, the program has continued to implement a series of operational innovations, some of which represented major shifts in vaccine delivery strategies.

The driving objective of all operational innovations has been to identify and vaccinate children that are being missed by the program. The major operational shifts have included moving from initial fixed site vaccination to addition of the house-to-house vaccine delivery. The subsequent innovations aimed to vaccinate children that were being missed during both fixed site and house-to-house vaccination.

Since a significant outbreak of polio in the country in 2002, several innovative strategies were introduced to ensure better outreach and efficacy of the intensified pulse polio initiative. The communication journey that began in 2002 through important innovations aimed at including segregated and marginalised populations, as well as a very successful mass media campaign featuring cine star Amitabh Bachchan. An important lesson learnt was that for any public health communication to be successful, it had to be data driven. At the same time, it was essential for the initiative to generate data to demonstrate its effectiveness. Communication which was once regarded a 'soft science' has now evolved to the extent that it can generate data that is verifiable and drives the intervention further.

Key features of the communication in this case study will include:

- It describes the variety of communication initiatives undertaken to reach out to India's large, diverse, segregated and mobile populations.
- It highlights the emphasis on evidence-both social and epidemiological-and the choices, approaches and course corrections in determining communication interventions.
- It outlines the importance of the sophisticated surveillance and a frontline communication network.

### **Strategic Communication to Meet New Challenges**

Communication and social mobilization strategies, prior to 2000, were focused largely on raising awareness. As it became clear that the 0.7% of children unreached, unvaccinated or inadequately vaccinated could hold up India's eradication goal, and set back the normous progress made, a revision of strategies and messages was necessary. The

challenge confronting the government, UNICEF and the Social Mobilization Working Group was two-fold. Firstly, how to bring information to the unreached, underserved communities and tackle resistance to OPV vaccination? Secondly, how to continue motivating the majority already reached to participate in OPV vaccination for the next two years.

The marginalized, underserved communities were ones with little or no access to the mass media, and most vulnerable to doubts and rumours about OPV. These were also places where ANMs showed up only to administer polio drops. One might believe it would be easy for MOHFW to put pressure on them to perform.

The nature of disease eradication, however, was more than routine work. It required a high degree of commitment from all involved, in particular ANMs, health workers and house visit supervisors, to sustain the search for unvaccinated children. Even for those who diligently carried out their duty, the frequent rounds of immunization in 2000 had left many feeling exhausted and daunted.

Lax supervision within the system also affected their morale: “We should be given Rs. 50 per day for all the 3 days. Now, they are giving only for 1 day,” said an ANM. “Money plays an important role – no one will work without pay. And the amount that we are paid cannot even meet the daily expenses on food and travel during the campaign,” complained another. “We only get Rs. 75 for 3 days. Then to get the money, we have to go to the Block office at least 2 to 3 times. We even have to spend our own money to travel to the Block office for our training programmes,” another AMN said.<sup>25</sup>

The formation of a special outreach team to interact with families, using persuasion to reduce resistance to lay the ground for vaccinators’ visit was thought a workable solution. The Social Mobilization Working Group proposed the plan to the Interagency Coordinating Committee, and UNICEF agreed to finance the outreach effort. Thus for the new rounds of vaccination in 2001 – 2002, a judicious mix of

Mass media and interpersonal communication approaches was adopted. The objectives:

- Raise awareness, and change parental attitude and behaviour in high risk districts of UP and Bihar
- Inform and remind people of new NIDs and Sub-NID dates The combination of approaches was termed, within UNICEF, programme communication:

*“A research-based, consultative process of addressing knowledge, attitudes and practices through identifying, analyzing and segmenting audiences and participants in programmes, and provide them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and mass media channels, including participatory methods.”<sup>27</sup>*

- **Social Advertising through Mass Media**

The high level of vaccination coverage was a strong indication that over 90% of the population had crossed the stage of awareness. Polio drops were a well-known “product” to protect children from disability of the limbs. With palpable sign of fatigue beginning to show after the intensified rounds of NIDs and Sub-NIDs in 1999 - 2000, it was important to find a way to renew public interest and at the same time, motivate the likely drop-outs to return to the vaccination effort. Based on the findings of process and coverage evaluations, and in consultations with key partners, UNICEF proposed a national media campaign, focusing on social and emotional factors that motivate people to bring their

children back to vaccination booths. A professional advertising agency, Ogilvy & Mather, was engaged to develop social advertising messages.

The analysis of formative research findings helped segment target audience into four groups. Those who:

Accept polio drops and would go to the booth

Accept polio drops but whose interest in taking children to the booth might wane

Indifferent about polio drops and unaware of date, time and venue for booth vaccination as well as home visits

Reject polio drops because of misconceptions and rumors. Each of these target groups had a distinct need and different concerns and questions in mind, which entailed the creation of separate messages to address their concerns:

- Why the need for NIDs again?
- Why the need for repeated doses?
- The concern and doubts of parents with children below 3 months – my child is too young to be immunized, and there might be side effect.
- The concern of parents with children above 2 years old – my child has already received all doses under routine immunization and during earlier NIDs, so no need to get more doses.
- Misconceptions that polio drops would cause impotency/sterility in children, and
- Rumour that poor quality vaccine was administered to minority groups.

To reach the maximum number of Indian families, all three major media channels – TV and radio and newspaper – were utilized. The campaign, which took off in 2001, comprised the following:

#### **Thematic Film**

A one-minute film clip was produced for cinema screening, describing achievement of IPPI for all Indian children, and the challenges that remained before reaching the final goal of polio eradication. It appealed to all sectors of the Indian society to participate in this monumental public movement.

#### **Tv Advertisements**

Three spots were produced and telecast on national and regional networks 10 days before the NIDs in 2001 – 2002, to address concerns of the public:

- **The Parvez spot** - correcting the widespread misconception among minority groups, including some Hindu communities, that polio vaccine would cause infertility. The spot featured a Muslim man, named Parvez, who realized it was too late when his son was paralyzed by the poliovirus due to his belief in rumour. With tears in his eyes, he asked parents to make responsible choices for their children, and take them to the nearest booth to receive polio drops.
- **The Pediatrician spot** - explaining why repeated doses were necessary for every child and the meaning of polio eradication.

- **The Paro Spot** - dispelling the myth that children younger than three months were not fit for polio vaccination. It emphasized that children of this age were more susceptible to polio and other infections, urging parents to send them for both OPV and routine immunization.

### Radio Advertisements

Five radio spots, highlighting the same issues as the TV spots and film, were produced and broadcast on 184 stations throughout India about 15 days prior to NIDs and Sub-NIDs. For the first time ever, radio spots were dubbed in four 26 regional languages of the Northeastern states. A customised media programme, carrying a message from the Prime Minister, was also designed for Rampur All India Radio to reach the most endemic districts of western UP. A theme song that embodied the same issue as in the theme film was also aired by 184 radio stations as a filler item.

### Print Advertisements

Four advertisements, produced in 13 languages and published in all the major publications in India, focused on the following messages:

Informing people of achievement and challenges, expressing gratitude for the public’s continuous support;

Explaining why repeated doses were necessary;

Reminding parents of new dates of NID, emphasizing they should take their children under five years old to the booth, even if they had completed routine immunization, or had received polio drops on previous NIDs, and that it was safe for sick children to receive polio drops;

An appeal from chairpersons of the Indian Academy of Pediatricians (IAP), and the Indian Medical Association (IMA), urging parents and convincing them of the need for polio drops. The mass media campaign, led by UNICEF, was an outcome of multi-agency collaboration. For the first time, the Government of India agreed to route its print advertisement budget to UNICEF to ensure the timely release and good positioning of ads in newspapers. WHO financed workshops to sensitize journalists in Bihar and UP with a view to enhance the journalists’ knowledge and understanding of the need of frequent rounds of NID and Sub-NID, to reduce negative reporting due to their own misconceptions. Rotary produced roadside banners, posters, vertical boards, caps, aprons, newspaper ads in 3 language versions, and a film which was shown in 4 high-risk districts of UP through video vans.

### Thomson Social

Thomson Social applied a slightly different approach. It ran a puppet show (*kathputli*) at 500 village *Haats*, a crowded weekly marketplace that drew hordes of buyers, sellers, men, women and children from their homes. A *Haat* converged in a town that was the hub of six to eight villages, and a team of four promoters, adorning similar, bright yellow uniform, ran the puppet show to attract the crowd.

Like the Ogilvy team, the Thomson team also relied on a flip chart, adapted from the SM Network’s training material, to explain the rationale for polio eradication to folks drawn to the sight and sound.

The puppet show was scripted based on a number of focus group discussions and qualitative evaluations, and created around the conversation of four people: *Jumman*, a Muslim, *Balwanta*, a Sikh, *Ramprasad*, a Hindu and *Dr. Saab*, a medical practitioner. Humour was woven into three segments of a continuous dialogue between the four, which served to

educate and entertain on:

- Why repeated doses even though everyone was tired of OPV
- The “science of eradication”, which was akin to spraying insecticide on the entire potato field. Each child left unvaccinated would expose another child to the risk, and the same applied to one’s own children.
- OPV would not cause sterility or make children grow a tail, the virus was spreading as fast as rumours, and it would indiscriminately attack children of any caste or creed, of any socio-economic status.

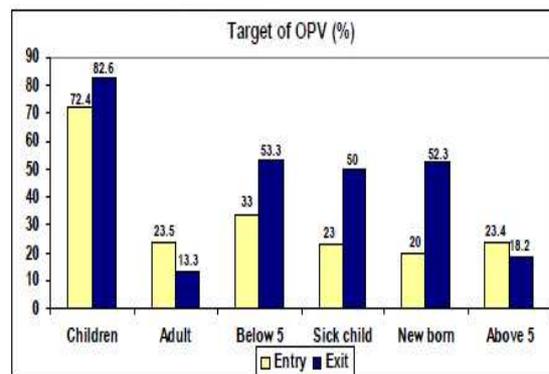
As the team of promoters ran the show and spoke to onlookers, two other teams would move into villages close by to conduct IEC activities. Children were organized and led by the promoters to form a procession around the village, followed by a courtyard meeting with village leaders, influencers and mothers, where they were informed about the NID, along with questions and answers about OPV.

Thomson also produced a calendar that carried a routine immunization schedule as well as dates of NID, targeted at school children. The idea was to motivate children to remind parents about vaccination dates for their younger sibling.



**Figure 2: The Four Puppets in Dialogues (from Left): Dr. Saab, Balwanta, Ramprasad and Jumman Thomson Promoters Explaining the Cause of Polio and the Importance of OPV Vaccination**

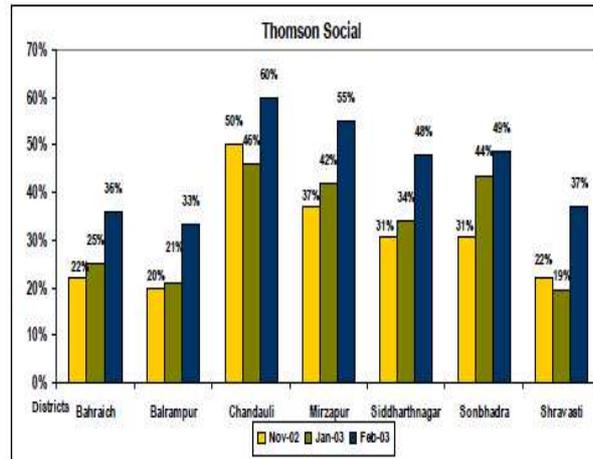
They were also given posters to paste on key lanes and village entrances a day before the event<sup>44</sup>. The intensive outreach enabled UNICEF to cover 2,894 villages and interact with some 600,000 target audience, essentially parents, within 10 days. An entry/exit poll conducted by Thomson showed an improved understanding of the target for OPV vaccination, whether young children could receive polio drops when they were sick, and whether newborns should be vaccinated:



Source: Thomson Social, India

**Figure 3: Entry/Exit Poll of 3,356 Respondents, Nov 2002 – Feb 2003**

The intervention also contributed to an increase in booth attendance of children in blocksexposed to the puppet show and IEC activities:



Source: Thomson Social, India, Based on Tally Sheet Returns in Blocks Exposed to VCD Intervention

Figure 4: Booth Coverage Increase in Districts with Village Contact Drive, Nov 2002 - Feb 2003

Posters pasted on roadside and walls tended to be torn off by people after a day or two. With a short life-span for display, the OPV posters were put out only 1 – 2 days before the NID.

**Lowe, NYKS and Rehman Foundation**

Lowe of Lintas and Advertising, adopted a largely similar approach except for the puppet show. It went around some 500 urban slums and villages in a video van that screened spots of Amitabh Bachchan (described in the next section), and conducted similar IEC activities at schools.

The other two organizations, NYKS and Rehman, however, replicated largely the SM Network’s IEC activities. NYKS, a young people’s network active in 8 districts, staged village miking - megaphone announcement of NID - staged street plays and cultural shows, to draw attention to OPV vaccination. These activities, planned together with UNICEF, GoUP, WHO and Rotary, were substantiated by door-to-door visits to families, meeting with village leaders (Panchayat members), influencers and wall writings. Rehman Foundation, a faith-based organization, made special efforts to meet with Imams and distribute Urdu language appeals with quotations from the Koran. A small NGO, it could only focus on Barabanki district, and within it, 100 high-risk communities where resistance to OPV was reported.

**Amitabh Bachchan to Rekindle Interest**

The focused, intensive IPC effort, albeit vital, could not replace the pervasive influence of the mass media, especially for the majority of families across India. For them, it was fatigue that nibbled at the edge of their minds after repeated rounds of immunization. And for them, it was the notable disappearance of polio cases in India, with children in calipers now a rare sight, that brought on a disinterest in OPV vaccination. There was no resentment, only a sense of complacency that polio would not affect one’s children; after all, they had been given many, many doses.

Booth attendance had dropped from its heyday of 97% in 1997 – 98 to 81% in 2001 – 02. A growing number of parents were no longer interested in taking children to the booth. The trend was worrisome for it signified a more

strenuous, extensive house-to-house for every round and escalating costs to track down children and bring vaccines to the door of millions, not only those in endemic states but also those outside. The waning interest further sent an alarming sign of changing health-seeking attitude; it did not bode well for routine immunization, which required families to make a conscious effort to take young children to a fixed location for injection.

Building on its tradition of engaging celebrities worldwide, UNICEF began to look for India's Bollywood's icons to motivate families' return to the booth. A name that jumped up immediately was Amitabh Bachchan, India's most celebrated actor, who had swayed millions for his heroic defense against injustices on numerous Hindi cinematic masterpieces.

A media campaign with Amitabh Bachchan was planned and designed by Ogilvy & Mather, the advertiser. The celebrity agreed to appear in four TV spots, with a similar recording for four radio spots, duplicated into 13 languages, at no cost to UNICEF.



**Figure 5: Amitabh Bachchan at a Storyboard Presentation of the TV Ad**

Generations of Indians who followed Amitabh Bachchan's films understood his indignant disposition well. The script too cast the star in a mood of aggravation:

**Spot 1:** "Bring your children to the booth" showed the charismatic father figure walking up to a nearly empty booth. He turned to the camera, asked the audience angrily: "Why have you stopped coming?", and roared about the need for repeated doses.

**Spot 2:** "Why polio keeps coming back" – Amitabh Bachchan looked at a wall plastered with polio posters, and pointed to the audience disapprovingly. "Polio keeps coming back because you don't vaccinate your children anymore," and raged about why people chose to listen to rumours.



**Figure 6: Amitabh Bachchan on another Storyboard, Questioning Why Polio is Still Occurring in India**

**Spot 3:** “Pulse Polio Immunization is for everyone.” – opened with Amitabh Bachchan reading a newspaper. He threw it away in disgust and talked to the camera:

“The poliovirus knows no bounds, does not discriminate between caste, creed and race. It hurts a Hindi child as much as it hurts a Muslim child. No children should be excluded from polio vaccination, every child in India has the right to be protected from polio disease.”

**Spot 4:** “Applauding the people who get their children immunized” – opened with the tall, bearded Bachchan standing by a booth, facing the camera. “They are doing the right thing by coming back,” raising his hand to salute the crowd that was queuing up for polio drops. Each ad ended with the star raising two fingers with the message: “Pulse Polio Immunization, two drops for life,” followed by the two dates recorded separately on sound.



**Figure 7: School Children at a Rally Said they had All Seen and Heard Amitabh Bachchan’s Spots. The Boy at the Back Raised His Fingers to Repeat the Actor’s Message: Two Drops for Life**

The TV spots were beamed four thousand times to over 80 million homes on Doordarshan, India’s national television network, as well as to 40 million homes with access to cable and satellite channels<sup>45</sup>.

The radio spots were transmitted another thousand times to 54 million homes, including 30 million in rural areas<sup>46</sup>. Audio cassettes were made and sent off to Uttar Pradesh and the SM Network to arrange for publicity on megaphones mounted atop rickshaws. Amitabh Bachchan’s sonorous voice was heard everywhere 10 days before the January and February rounds

*National Readership Survey (NRS) 2002*

*46 Broadcasting networks in India do not have the practice of providing free airtime for a social cause. For the Jan & Feb rounds, the MOHFW purchased prime time slot for these spots on Doordarshan; UNICEF covered the ads buy-in on satellite and private channels with good penetration in UP, and co-sponsored the radio airtime buy-in with MOHFW on All India Radio and FM services, the latter targeting at urban centers in UP and Bihar.*

in 2003. Complementing media broadcast was a series of print advertisements issued by MOHFW, both before and after the rounds. The latter aimed to remind parents who had missed the booth day to take children to the nearest government health centers or hospitals immediately. The ads were carried on all major national dailies in 18 languages.

The media campaign had paid dividends. An evaluation of 9,370 respondents conducted after the two rounds showed the following results:

- 54.7% of the people exposed to the Amitabh Bachchan TV spots (n = 5,117) and 49.1% of people exposed to the radio spots (n=2,914) said they learned the importance of booth attendance, and the need

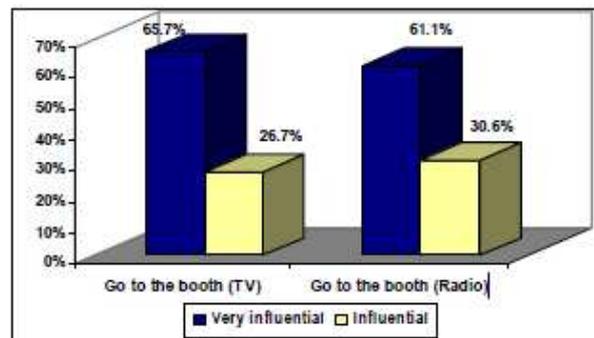
to go to the booth whenever an NID took place

- 65.7% said the TV spots had been “very influential”, and 26.7% said “influential” in their decision to get their children vaccinated during the current NID. In other words, a total of 92.4% had cited the spots as having an influence on their decision to take children to the booth on current NIDs.



**Figure 8: A Rickshaw Equipped with a Car Battery, Cassette Player and Loudspeaker Ready to Go on a Street Broadcast of Amitabh Bachchan’s Spots**

3. 61.1% said the Radio spots had been “very influential”, and 30.6% said “influential” in their decision to get their children vaccinated during the current NID. In other words, a total of 91.7% had cited the spots as having an influence on their decision to take children to the booth on current NIDs.



Source: TNS Mode/Johns Hopkins University, for UNICEF India

**Figure 9: Amitabh Bachchan Media Spots’ Influence on Decision for Visit to OPV Booth**

- 9 out of 10 respondents interviewed at booths said they had come to the booth for OPV largely due to their exposure to the TV and radio spots.
- Approximately 10% of booth interviewees said they would not have come to the booth if not for their exposure to the Amitabh Bachchan media campaign.

## COMMUNICATION TOOLS FOR THE AWARENESS CAMPAIGNS

Before selecting the tools we should remember that the majority of the affected population 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.

Lessons from the added-value of polio communication may contribute to other public health communication programmes, particularly those trying to reach out to the marginalized and poor. They include:

- Implementation of communication interventions based on routine monitoring of epidemiological, social and behavioral data on affected populations;
- Intensive use of interpersonal communication and social mobilization at different levels to maximize reach, effectiveness and efficiency;
- Mobilization of community leaders, communication and relationship-building, engaging families and caregivers who question repeated polio vaccination;
- Involving religious leaders as spokespersons and using faith-based folk media (i.e. mosque announcements) to reach community members;
- Working with trained communication outreach workers as part of a house-to-house strategy to reach children missed during National Immunization Days;
- Advocacy with intensive grassroots mobilization to reach and communicate with marginalized communities; and
- Addressing social/gender norms to improve interpersonal communication and increasing access to hard-to reach groups.

The strategy demanded a visible change from Mr Bachchan’s role as the superior who talked to communities from his pedestal.

- Mr. Bachchan, the authoritative face of the campaign, was brought from the distance of the studio into the heart of the community, right up to doorstep, creating a direct bond between him and the recipients. The intended message: I am ready to come to your door, so why shouldn’t you come to the booth?
- The role of the community influencers as key mobilizers of the polio drive was vivified and acknowledged.
- The public’s positive inclination towards immunization was demonstrated through the beginnings of a ‘movement’.
- Children were brought in as the ‘prime movers’ to the mission.

## **ROLE OF THE STATE CONTROLLED MEDIA IN HEALTH COMMUNICATION**

All India Radio had been the forerunner in the process of implementing Communication Strategy being adopted by the government. The Radio Rural Forum experiment was conducted by the All India Radio at Poona during 1956. The project covered 156 villages where listening and discussion groups were organized in each of the selected villages. A programme of thirty minutes duration was broadcast on two days in a week covering agriculture and allied subjects to help promote rural development. Prof. Paul Neurath on behalf of the Tata Institute of Social Sciences conducted an evaluation study, and came out with interesting results:

- The radio is very suitable medium to communicate with rural audience and to spread the message of development.
- A majority of the listeners appreciated the value of the messages.

The Farm and Home units were subsequently established at many AIR stations to provide wider support to the Integrated Agriculture Development Programme (IADP). The contribution of the radio is widely acknowledged by farm scientists in increasing agriculture production and achieving a green revolution. Similar attempt was taken in respect of the Family Welfare programme. Till date All India Radio has its Family welfare programmes broadcast everyday focusing on the various government schemes.

## RESEARCH METHODOLOGY

The entire research work will be based on both qualitative and quantitative methods. While focusing on the sample survey method, a diagnostic research design will be framed to develop a Communication of innovation for freedom model for that helped in eradication of Polio from India and analyses of their implications.

- **Primary Data-** collected through sample survey among the primary & secondary consumers who observes creative communication in advertising Industry.
- While exploring the primary sources, some direct interview from the Advertising industry practitioners, experts, Media planners, Brand custodians and advertising communication market researchers will also be conducted.
- Secondary data to be collected through published material in books, articles, newspapers, magazines etc
- Data collected will be tabulated and analyzed by using the SPSS (statistical package for social sciences) tools.

## DISCUSSIONS AND CONCLUSIONS

In summary, India has achieved polio free status( from Polio) in January 2011, and is maintaining it till date, as of writing this piece. The special need of the hour is to maintain vigilance and not to lower guard against any future resurgence of polio, indigenous or imported, wild or vaccine, so that the gains made during the last two decades of intensive efforts are not allowed to be lost. Although our journey has been extremely difficult, it was also exhilarating and has taught us several lessons that will stand us in good stead in future disease control/elimination efforts. Perhaps we could have made the programme less expensive and succeeded in shorter time with different tactics being designed and deployed. However, the fact remains that we have eliminated wild poliovirus transmission altogether. Now it remains for us to eliminate all risks of polio due to vaccine viruses, including vaccine-derived viruses.

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## REFERENCES

1. Rogers E V, "*Communication of Innovations, A journey with EV Rogers*", 1<sup>st</sup> published in 2006, New Delhi, India, Sage Publications India Pvt. Ltd, 2006

2. “*Polio Eradication Initiative*”, Office of the Director-General and Department of Immunization, Vaccines and Biologicals, Family and Community Health. The Global Polio Eradication Initiative Strategic Plan 2004-2008. Geneva, Switzerland: World Health Organization, 2004; 37-43.
3. CDC. “*Progress toward poliomyelitis eradication-India*”, 2002. MMWR 2003; 52:172-5.
4. [http://www.unicef.org/india/health\\_3729.htm](http://www.unicef.org/india/health_3729.htm) , [Accessed 26 September, 2011]
5. Katz Elihu, “*The Two-Step Flow of Communication*” An up-to-date report on a hypothesis, Public Opinion Quarterly, Vol. 21
6. <http://medind.nic.in/maa/t05/i4/maat05i4p364.pdf> [Accessed 26 September, 2011]
7. Harper, Douglas. “*communication*”. *Online Etymology Dictionary*.
8. Norbert Wiener, *Cybernetics, or Control and Communication in the Animal and the Machine*. Cambridge: MIT Press. (1948).
9. de Valenzuela, Scherba Julia. “*American Speech-Language-Hearing Association (ASHA)*”: (1992).
10. Wong, S.K.S. “*Environmental Requirements, Knowledge Sharing and Green Innovation*”: Empirical Evidence from the Electronics Industry in China, *Business Strategy and the Environment*, Vol. 22, No. 5, pp. 321–338. (2013),
11. Mumford, M. D, “*Where have we been, where are we going? Taking stock in creativity research.*” *Creativity Research Journal*, 15, 107–120. . (2003).
12. (Csikszentmihalyi, Lubart & Mouchiroud, 2003; Runco, 1997, 2000; Sternberg & Lubart, 1996) 1999, 2000;
13. Meusburger, Peter (2009). "Milieus of Creativity: The Role of Places, Environments and Spatial Contexts". In Meusburger, P., Funke, J. and Wunder, E. *Milieus of Creativity: An Interdisciplinary Approach to Spatiality of Creativity*. Springer. ISBN 978-1-4020-9876-5.
14. Rogers, E. M. *Social change in rural society: A textbook in rural sociology*. New York: Appleton-Century-Crofts. (1960).
15. Rogers, E. M. *Diffusion of innovations*. New York: Free Press. (1962).
16. Rogers, E. M. *Modernization among peasants: The impact of communication*. New York: Holt, Rinehart & Winston. (1969).
17. “*A Critical Leap to Polio Eradication in India*”, United Nations Children’s Fund, Unicef, June 2013, working paper, Sadig Rasheed, Regional Director, UNICEF Regional Office for South Asia, Maria Calivis, Representative, UNICEF India Country Office

