SOCIOLOGY OF HEALTH AND ILLNESS: VIEWS OF SOCIAL SCIENTISTS

Review of Literature is an important component of research by which multifaceted understanding of the phenomenon becomes the part of researcher's cognitive personality. No study can be undertaken without reviewing and analyzing the literature available related to the field of study. Literature reviews are secondary sources, and as such, do not report any new or original experimental work.

Review of literature on Strategy, Programmess and Performance of Polio Eradication Campaigns in India is to find out what research has already been undertaken in the area of Polio Eradication Campaigns in India, what type of theoretical explanations have been given about health, illness, disability, communicable diseases and other related topics, what have been the causes behind the delay in polio eradication in India. Besides all this it is also worthwhile to know the dynamic efforts of the WHO, UNICEF, National Governments and Rotary International in Polio Eradication campaigns.

Classical Thinkers on Health and Illness

The Marxist perspective derives from the ideas of **Karl Marx (1848)** who believed that class conflict is the driving force which bridges changes in society. He believed that the main conflict in society was entirely economic. The present thinking, although is that the ever changing nature of society is not only due to economic factors but this also depends on religious, political, gender related factors. The Marxist

tradition regarding health and health care completely rejects the views of the functionalists that society is tied together by values and norms. The conflict theorists believe that these values and norms benefit only the rich and the powerful. They feel that social and economic factors are the root cause of health and health care disparities in society. The rich and the affluent get access to health and health care facilities because of their financial status in society. The present study also reveals the fact that the rich have access to better medical facilities than the marginalized sections of society. They prefer to go to private hospitals or at the doctor's residence for the best treatment for their children when they fall sick.

The ideas propagated by **Emile Durkheim (1893)** are an inspiration for the functionalists. He believed that social facts like norms, structures and values exert external pressure on the individual's behavior and it is due to these social facts that an individual behaves in a particular manner. Illness is a social fact that binds a sick person's family together. When a person falls sick there is a feeling of oneness in the family and all the members cooperate and coordinate with each other to ensure that the sick member becomes healthy soon. He believes that stress and the effects of stress can be harmful to a person's health in many ways and could be lessened through social support.

In the views of **Max Weber (1920)** disparities in society are not only due to unequal distribution of capital or means of production but also due to political influence and power. Such inequality is present in all societies and is responsible for social change Weber has used his

'Rationality' concept and unequal distribution of wealth that may affect the health of the poor section of society.

As conceived by **Talcott Parsons (1951)** the functionalist perspective stresses on the fact that society can function properly only if good health and effective medical care are available. Ill health makes us unfit to work and if many of us become unhealthy or sick then our society would not be able to function properly. A society will suffer if too many people are unhealthy. Health within the functionalist perspective thus becomes a prerequisite for the smooth functioning of society. To be sick is to fail in terms of fulfilling one's role in society. Illness is thus seen as unmotivated deviance.

The above given views of the noted Classical Thinkers of Sociology: Durkheim, Marx, Parsons and Weber, hold great importance to understand health and illness on a sociological basis. Parsons emphasized on the functional aspect of society where in all the organizations and units of society work in coordination for its smooth functioning. Similarly for the proper functioning of the body all the various parts of the body need to work in perfect harmony. An individual will possess good health only if all his body parts coordinate and function properly. Marx has thrown light on the fact that health care is accessible to those who are rich and affluent and is neglected among the poor. Weber has also emphasized on the fact that it is not only due to unequal distribution of wealth but also due to political power that health and health care facilities are more accessible to the rich and powerful.

These thinkers and writers have not emphasized on the relation between health, illness and disability in their work. The researcher of the present study has tried to focus on the inter-relation of health, illness and disability. This study also includes the determinants of health and illness, the consequences of illness on the individual, family and society, the meaning of disability and its impact on the individual and it also throws light on the emergence of the deadly disease- polio and its eradication.

Review on Health, Illness and Disability

Robert Merton (1957) has divided human functions into: the intentional and obvious- manifest functions and the unintentional and not obvious-latent functions. The consideration of the relationship between the functions of the whole society and the functions of the smaller parts of society is the sociological approach of functionalism. This is similar to the parts of the body which function as a whole and individually for the well being of the body. If all the parts of the body are in good state they perform their functions properly and the person is thus termed healthy. This healthy person is useful for the family and the society as he can perform his duties well.

Wright (1960) depicts this state of stigma extension which happens when a man with a disability is seen as weakened not simply concerning the specific area of disability, but also to various qualities, for instance, personality and alteration. Physique (furthermore certain other individual qualities) has a colossal vitality to move a wide variety of expressions and notions about the person. Frankly, physical deviation is frequently seen as main source to a man's personality and behavior, and mainly responsible for the basic repercussions in a man's life. This spread

holds for both the person with a disability himself and those surveying him.

As **Goffman (1963)** has indicated, society builds up the method for categorizing people and the supplement of ascribes felt to be common and characteristic for individuals from these classes. When an outsider is seen by an individual or gathering, judgments are every now and then based on physical appearance. When one falls into stigmatized class or has an undesirable properties, those not of this classification tend to downgrade the stigmatized individual, to practice the discrimination of segregation, and to credit an extensive variety of defect on the basis of the first one, and in the meantime to ascribe some desirable yet undesirable traits regularly of the supernatural cast, for example, intuition or comprehension to the stigmatized person.

Susser (1973) utilized sickness to allude to the subjective feeling of feeling unwell that frequently persuades a patient to counsel a doctor, ailment does not characterize a particular pathology, but rather alludes to a man's subjective affair of it, for example, inconvenience, tiredness or general depression. The way a patient reports side effects is affected by his or her social background and Susser connected the term affliction to allude to socially and culturally held considerations of wellbeing conditions (eg. the fear of tumor or the stigma of emotional instability), which in turn impacts how the patient responds.

The greatest challenge in education today, according to **Birch and Johnstone (1975)**, is ensuring that all schools are as promptly and completely open to people with disability with regards to those with disabilities. From each viewpoint, whether that of human rights, monetary proficiency, or social attractive quality, the national interest ought to be to

serve youngsters with inabilities similarly with all others. In the field of education, discernments towards youngsters and grown-ups with disabilities have changed fundamentally.

According to the Fundamental Principals of Disability stated in the manifesto of the Union of Physically Impaired Against Segregation **(UPIAS) (1976),** disability is the disadvantage or restriction of activity caused by a temporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities.

Sutherland (1981) opines that disability and poverty are interlinked – disability increases poverty and poverty increases disability. This view, known as the 'Social Model' of disability or 'Social Oppression theory', has proved all over the world that disabled people and their families experience more social and economic disadvantages than the non-disabled people and their families.

According to **Bisht (1985)**, health is perceived as a multidimensional process involving the well being of the whole person in the context of the environment. The ideal functioning view to health conceptualizes health; physically as a state in which each all and each organ is working at ideal limit and in perfect harmony with the rest of the body; mentally – as a state in which the individual feels a feeling of subjective prosperity and of dominance over his surroundings; socially as a state in which the individual's abilities for interest in the social framework are discretionary. In other words the maintenance of health encompasses treatment of physical diseases, coping mechanisms to deal psychological stress, prevention through changes in the environment promotion of health life styles and general well-being.

Fitz-patrick (1986) is of the view that illness is a subjective feeling about health related problems. He remarks that when we say that a person is ill implies that the consequences of such a state transcends not merely the biological and physical consequences of organic malfunction but also affect his social life in important ways.

According to one of the best known theorists **Oliver (1990**), inability is the shortcoming or restriction of activity brought on by a contemporary social affiliation which takes no or little record of people who have physical deterrents and accordingly rejects them from the standard of social activities.

Davis (1991) believes that the moderately handicapped child can as a rule attend a regular school and participate in neighborhood play to some extent, these normalizing opportunities are usually closed to the seriously handicapped child. The result is that, even where a predisposition to normalization exists, the absence of tangible opportunities in the social environment induces disassociative tendencies in the family.

According to **Black (1993)** poverty excludes people, from all over the world, from social and materialistic participation in their community life. The best way to remove the effects of poverty on health is to remove poverty itself.

According to **Calman (1997)** poverty has been a major factor or determinant of ill health. Poor people have a bad condition of health and high level of disease, injury, disability and death. Children from poor families have higher rates of illness, injury and death than other children.

In the views of **Marshal (1998)**, it is more useful to take a glance at health and disease through a broad lense. He agrees that liquor consumption, smoking, eating regimen and exercise are imperative issues, however, he additionally observes the significance of breaking down the social variables that influence these patterns. He also takes a look at the impact that the procedure has on health and sickness, while additionally taking a look at things, for example, natural pollution, pollution of the industries, mishaps at work, and stress related illnesses.

Lindemann (1999) implies the way that the present day feeling of wellbeing being a main concern for the state started in the Middle Ages. A few state intercessions incorporate keeping up clean towns, authorizing isolates amid plagues and regulating sewer frameworks. Private organizations additionally assumed a part in general wellbeing. Epidemics were the reason for most government mediations. The early objective of general health was reactionary though the modern aim is to avoid sickness before it turns into an issue.

Porter (1999) highlights the fact that stopping the spread of the infectious disease was of utmost importance for maintaining a healthy society. The medical systems of the ancient system focused on the significance of decreasing sickness through divination and custom. Different codes of conduct and dietary conventions were boundless in the old world. The Chinese relate health with spiritual prosperity. Health administrations in ancient India concentrated on oral health as the best strategy for a healthy life.

He further states that researches into the materialistic and Marxist customs have created one of the most intense sociological records of the generation of disease and its social pattern of dispersion. These

methodologies accentuate the determining part of financial interests in both creating sickness and in forming the way it is managed. Marxist argue that medicine serves a key capacity in industrialist societies: it accuses the victim of ailment, which are caused by the capitalist quest for benefit, for their own condition.

White (2002) says that various sociological points of view on society create various accounts of the role of medical information, and of the social reasons for sickness. They are additionally based in various sociological models of society. Marxist methodologies stress on the casual role of economics in the generation and dispersion of sickness and in addition the part that medical knowledge plays in supporting the class structure.

Lorber and Moore (2002) have thrown light on the symbolic interactionist approach by saying that health and illness are social constructions. This means that various physical and mental conditions have little or no objective reality but instead are considered healthy or ill conditions only if they are defined as such by a society and its members.

According to **Thomas (2002),** disease refers to people in general or social segment of sickness. Disease is changed into ailment when the condition turns out to be freely known through declaration by the influenced party, perception by significant others, or expert analysis. Subsequently, while ailment is fundamentally an organic state, ailment is a social state. Infection is social not just in light of the fact that it is perceived beyond the limits of the individual as such, but also on the grounds that it has suggestions for social role execution and interpersonal collaboration.

Wilkinson (2003) has remarked that social and mental or psychological circumstances can cause long-term stress. Continuing anxiety, insecurity, low self-esteem, social isolation and control over work and home life have powerful effects on health. Such psychosocial risks accumulate during life and increase the chances of poor mental health and premature death. Adding to this, he says that long periods of anxiety and insecurity and the lack of supportive friendships are damaging in whatever area of life they arise. The lower the people's position in social hierarchy of industrialized countries, the more common these problems become.

While focusing on water as the basic need for health, **Kofi Annan (2003)**, the UN General Secretary, has opined that individuals need safe water for good health. It is their basic need and their right also. The physical and social health of people is badly affected by polluted water. Human dignity is disrespected in absence of clean and safe drinking water.

Adding to this, the **WHO (2003)** noted that lack of safe water is a cause of serious illnesses such as diarrhoeal diseases, which kill over 2 million people every year (the vast majority children, mostly in developing countries). Polluted water, whether it is drunk or used in cooking, food is bad for public health.

He further adds, that in contrast to illness, the term 'disease' is defined as denoting a technical malfunction or deviation from the biological norm, which is 'scientifically' diagnosed. This definition, of course, does not necessarily imply that disease is an objective state, for as, scholars from the social constructionist perspective argue, the

categorizing of disease is influenced by the social, historical and political context as is the definition of illness.

In the views of **Lupton (2003)**, some sociologists have argued that the state of illness is fundamentally different from that of disease. Illness refers to the social, live experience of symptoms and suffering which is innately human. It includes recognizing that bodily processes are malfunctioning and taking steps to rectify the situation, such as seeking treatment. Disease, on the other hand, is not limited to humans; animals or plants can be diseased. Indeed, to describe someone as 'diseased' implies lack of humanity.

Packer, Ong and Halliwell (2004) opine that in numerous developing nations the main health services accessible until a couple of decades back were those in view of traditional drugs and spiritual healing. Presently governments must be mindful so as to make health policies that strike a harmony amongst innovation and tradition. Today in the modern world, organizations like the World Health Organization, attempt to make arrangements that regard custom without attempting to supplant it with current science and try to manage it by keeping it accessible.

Meekosha (2004) remarks on the state of the disabled individuals by saying that they have much of the time been addressed as without sexual introduction, as asexual creatures, as deviations of nature, as huge, the other to the social standard. Thus, it may be normal that for disabled people, gender has little disposition. In any case, the image of disability may be reinforced by gender for women, a sentiment of helplessness and passive behavior and for men, an undermined masculinity generated by imposed dependence. These images have real results with respect to education, occupation, living strategies, singular associations, abuse, that

in this manner strengthen the photos straightforwardly circle. The gendered experience of disability reveals prolonged cases of complexity among men and women.

Mckenzie, Pinger and Kotechi (2005) have thrown light on the preventive measures of non-communicable diseases. According to them primary preventive measures for non-communicable diseases include adequate food and energy supplies, good opportunities for education, employment, housing and efficient community services. At the individual level, secondary prevention responsibilities include personal screenings such as self-examination of breasts or testes(for cancer of these organs), the hemoccult test (for colorectal cancer) and medical screenings etc. Tertiary prevention for the individual often requires significant behavioral or lifestyle changes. Examples include strict adherence to prescribed medications, exercise programs and diet.

White (2006) explains that disease is the product of the prevailing social conditions. He has referred to Engels and Virchow, who

argued that it was the social environment of developing capitalism that caused the great diseases of the eighteenth and nineteenth centuries-cholera, and typhoid, tuberculosis and diphtheria. According to their analysis, it is due to the overcrowding of the new industrial cities, the development of slums, and the new factory organization of labour that diseases are caused. Rather than examine the individual's body and search for bacteriological explanations of disease, this model identified the social environment as the source of sickness and ill health and suggested cleaning up the slums, keeping the water fresh and enforcing the hygienic production of foodstuffs.

According to **White (2009)** sociologists think about health and ailment not just in light of the fact that they are inherently interesting, and go to issues at the focal point of human presence – agony, suffering and demise –but also on the grounds that they help us to see how society functions. For sociologists, the experience of affliction and ailment is a result of the association of society. For instance, poor living and working conditions make individuals more ill, and poor individuals die earlier than their rich counterparts. Notwithstanding when there are enhanced living conditions and restorative practices, yet disparities in light of class, sexual orientation and ethnicity are not handled, the contrasts between the rich and the poor persist and broaden.

He further states that ailment and disparity are personally connected. The result of the unequal appropriation of political, monetary and social assets vital for healthy life is the social angle of health. Those at the highest point of the social framework are more beneficial and live more, while those at the base are more diseased, do not live as long, and die more from preventable illness and mishaps.

According to Kendall (2011) , Parsons trusted that it is imperative for the society to keep up social control over the general public who go into the sick role. Doctors are enabled to figure out who may enter this part and when patients are prepared to leave it. Since doctors spend numerous years in preparing and have particular information with respect to ailment, ailment and their treatment, they are affirmed by the general public to be "guardians" of the sick role. At the point when patients look for the advice of a doctor, they go into the patient-doctor relationship, which contains unequal parts for both sides. The patient is required to

follow the physician's orders by holding fast to a treatment administration, recuperating from the illness, and coming back to a normal routine at the earliest opportunity.

In the views of **Larkin (2011),** chronic illness refers to those forms of long-term and non-communicable health disorders that interfere with social interaction and role performance. They are likewise new in nature and the phases in their advance can be flighty. They usually have a 'deceptive onset', and in spite of the fact that indications may vacillate and medications are accessible, there are no known restorative cures or chances of coming back to a pre-grim state. These sorts of ailments require nonstop medicinal intercession, the capacity to perform daily roles and the ability to satisfy social commitments.

According to **Rogers (2011)** public health which encompasses disease prevention and promotion of physical and mental health, sanitation, personal hygiene, control of infection and organization of health services is fundamental in minimizing the impact of disease in society. From the normal human interactions involved in dealing with the many problems of social life there has emerged recognition of the importance of community action in the promotion of health and in the prevention and treatment of disease. This is expressed in the concept of public health.

In the words of **Berger (2013)**, for our purpose, in this manner, the difference between disability and impairment is what is relevant. For example, individuals who utilize a wheelchair for their movement because of physical impedance may just be socially disabled if the buildings to which they have to reach are architecturally out of reach. Otherwise, there might be nothing about the impedance that would keep

them from taking an interest in the educational, occupational and other institutional exercises of society. Then again take the instance of visual hindrance. These days individuals who wear eyeglasses or contacts do not consider themselves having a debilitation, in light of the fact that these remedial gadgets have become common. But on the off chance that it was not for these technological guides, which are currently underestimated, their visual debilitations may likewise be disabilities.

He further states that the burden of health care is increasing fast. Most of the cost of treatment is met by 'out-of-pocket' expenditures. This has created huge inequalities in health outcomes. The impact of health inequality is multidimensional and long-lasting. Most of the time the government's initiatives cause more inequalities than minimizing them.

In the words of **Akram (2014),** privatization of health is an important policy shift in India. The government's share in the health care sector is only about 20 percent. The rest is shared by the private sector. The last decade of the past century witnessed a huge shift towards privatization of health care.

According to **Chakravarti (2015)**, today the disability movement all over the world is about citizenship and human rights, and disability studies must find a balance of activism and academic work to impact the policies being made for disabled persons in India. By drawing attention to the economic, social and political context of disability as well as incorporating a gender perspective in all rigorous studies, a critical role can be played in generating further scholarship and in sensitizing both state and civil society to make changes that are imperative for a humane and just society for all. From this overview, we can see that a beginning has been made; there is a need to build on that.

The above mentioned studies hold great significance in the field of health, illness and disability but none of these writers have discussed these three topics as an integrated unit.

Merton has focused on the functional perspective of health as Parsons. Kendall has also expressed his views on Parson's functionalism regarding health. Bisht has discussed about the physical, psychological and social dimensions of health where as Marshall has focused on industrial pollution, environmental pollution and other stress related issues which affect health and cause illness. Packer, Ong and Halliwell have thrown light on the traditional methods of curing illness which were prevalent in many places of the world until a few decades ago. White, in his study, has spoken about health disparities between the rich and the poor which cause the poor, who falls sick, to remain unhealthy for a long time than their rich counterparts. In the words of Lupton malfunctioning of the body leads to disease where as Thomas has also discussed illness and sickness.

Porter, Mckenzie, Pinger and Kotechi have stressed on the fact that infectious diseases are harmful for society and need to be prevented. Rogers and Lindemann have emphasized that health has become a public concern now and stress is on the prevention of disease now. Wilkinson has remarked that social and mental or psychological circumstances can cause long-term stress. According to Akram, the burden of health care is increasing fast in India. Privatization of health is an important policy shift in India. Sutherland opines that disability and poverty are interlinked.

Davis believes that the moderately handicapped child can get more and better opportunities than a severely handicapped child. Oliver has

discussed exclusively about the disabled who are excluded from the mainstream of social activities. Goffman speaks about categorizing a person by society on the basis of his physical appearance and has also discussed on stigma. Wright, in context of stigma, has discussed about not only the specific disabilities that lead towards stigmatizing a person but also his physical appearances and adjustments. Birch and Johnstone have thrown light on the challenging role of today's schools to be as readily accessible to disabled students as much as they are to the normal ones.

A review of the above mentioned esteemed thinkers and writers suggests that they have, no doubt done extensive literary work in this field but still many areas need to be assessed. The present study holds significance in the present age, as it is very important to know the relation between health, illness and disability. The researcher has tried to base this study on these three factors by discussing the meaning and the determinants of health, concept and consequences of illness along with the concept of disability and its form in the present scenario, with adequate references from theoretical perspectives on health.

Review on Polio and its Eradication

Closser (1978) is of the opinion that radiating a disease and permanently stopping its transmission around the globe is a difficult enterprise. It is difficult in large part because so much of the world lives in conditions of poverty that fan disease transmission. If the entire world had the same access to quality housing, basic sanitation and routine immunization that citizens of the United States enjoy, polio would

probably disappear on its own, but when so many people live in crowded and insect permeable housing, without adequate systems for disposing of human waste or ensuring clean water, diseases like polio, measles, and malaria rage on.

Rogers (1992) believes that the experience of one of America's most famous polio sufferers, Franklin Delano Roosevelt, had a great role to play to change the perception of the general public towards the disease. Polio had stuck a wealthy young man who was crippled but rose to presidency and thus was no more associated with the marginalized and poor section of society. Furthermore as a result of Roosevelt's experiences, the public began to perceive water as both cause and cure of the disease. In the 1930s and 1940s the National Foundation for Infantile Paralysis helped to solidify the newly respectable image of the disease and turned, polio's treatment and research into a mass-marketing enterprise in which scientists no longer played the determining role.

Webber (1996) states that the development of new vaccines has been a tribute to the research and development sector, with the general availability of vaccines against meningitis, pneumococcal infection, rotavirus and human papiloma virus now added to the routine vaccination programmes in many countries. As well as the polio eradication campaign, there is real possibility of eliminating measles as a public health problem.

Daniel and Robbins (1999) state that as the 20th century dawned, epidemics became the usual pattern of polio in the industrialized countries of the temperate zones, with outbreaks occurring regularly every summer and early fall. The age of the people who were attacked by

polio also increased. Polio is an alternate sickness in youthful kids and in grown-ups. In kids, it is normally a mellow ailment, regularly unrecognized, and childish loss of motion is unprecedented among those tainted with polio infection. In any case, this mellow disease produces long lasting resistance against further attacks by similar issues. Polio in grown-ups is more serious, and cases of paralysis are much more to be seen in this age group.

Draper (2001) opines that Polio, or poliomyelitis, has existed since the ancient days of human history. In the Carlsberg Museum in Copenhagen, Denmark, there is a carved stone plaque from the time of the New Kingdom Period of Egypt circa 1300 BC. It shows a man with a withered right leg and a dangling foot. He stands with the help of a cane. It is very likely that the man was a survivor of polio.

5He further adds that one of the first recorded cases of polio is that of Sir Walter Scott, the Scottish author of such adventure books as Waverly and Ivanhoe. As a child, he suffered an attack of fever that lasted for three days. When it ended, he was unable to use his right leg. He had always been active and athletic. He found paralysis unbearable. He struggled against the weakness of his leg and walked long distances outdoors at first dragging and then slowly re-strengthening his leg. In time, he regained his health and was even able to run and jump again.

Peters (2004) has observed that history of polio is one of tragedy and triumph. At the height of the world epidemics in the first part of the twentieth century the disease infected, crippled and killed thousands. It struck terror into the hearts of parents. Would their child escape infection or become one of the many who were permanently crippled, forced to

wear by braces, use crutches or a wheel chair, or live out the rest of his or her life encased in the breathing apparatus known as iron lung?

Morris (2004) is of the opinion that the polio virus is a special virus. This virus just flourishes in people. It can enter your body by oral pathway, cause a gastro intestinal disease and leave your body with no evident harm. More individuals had polio along these lines and likely never knew it. The other outrageous of this infection was its prosperity as the immense crippler of kids. It was likewise an extraordinary executioner. This infection could attack a human body and kill in a couple days. Demise came about because of respiratory failure or from the over whelming viral attack of the whole focal sensory system prompting trance state and passing. Most of us who experienced polio did as such in kids and many were left with damages that set us apart from our associates. The most commonly utilized word to depict this harm was 'crippled'. A large number of the cities had clinics for crippled kids.

Kluger(2004) comments that at first, many people considered the plague coming again this summer than about the developments on the opposite side of the Atlantic. At that point the principal signs of the paralysis began to show up. It was cardboard notices that at first brought the news of the growing epidemic, official signs that started showing up on houses around the city like awful paper bubbles. "INFANTILE PARALYSIS", the signs would announce in bloc letters and then the more bookish name" "Poliomyelitis". The warning that followed was always the same: “All persons not occupants of these premises are advised of the presence of Infantile Paralysis in it and are advised not to enter.”

According to **Squiers (2005)** the U.S. took the, lead in polio research, especially after Franklin D. Roosevelt was diagnosed with the disease at the age of thirty-nine in 1921. Roosevelt was determined to walk again and with that aim, in 1924 began visiting a dilapidated resort in Warm Springs, Georgia, where the warm mineral water was soothing if not ultimately healing for his paralyzed legs. Warm Springs quickly became a health spa for polio suffers and within a year FDR was running the place. Soon he had built ramps for easy wheelchair access, invented exercises and treatment procedures to improve mobility and had begun plans to move and remodel buildings and install new water and sewage systems.

Seytre and Shaffer (2005) state that in 2000, 550 million children were vaccinated during the National Immunization Days organized by local authorities in eighty-two countries, with the help of the WHO and the other partners in the eradication campaign. The National Immunization Days are a vital aspect of the Global Polio Eradication Initiative launched in Geneva on May 13, 1988, by the WHO during a historic General Assembly.

They further state that the World Health Organization's decision was a continuation of the Expanded Program on Immunization, which aimed to vaccinate as many children as possible, throughout the world, against the main vaccine-preventable diseases: measles, diphtheria, whooping cough, tetanus, tuberculosis and polio. The WHO initiative followed the "Polio Plus" campaign launched by Rotary International in 1985.

Oshinsky (2005) believes that over the years, researchers have learned much about this disease. They discovered that everyone harboring polio virus is a carrier, no matter how slight the infection; that the immune system responds by generating antibodies which provide future protection; that there are three distinct antigenic types of poliovirus. Type I being the most common and virulent; and that immunity to one type does not provide immunity to the others. All of these findings have led to the production of safe and effective polio vaccines.

Finger (2006) opines that polio has taken on different meanings from time to time. In one era it was an unnamed affliction; in another, it was a disease linked to the "immigrant menace;" during the Depression, the disease that had supposedly disabled Roosevelt and that he had famously "overcome' became a symbol of the grit and determination with which our nation would rise from its economic paralysis. Later it became a symbol of the power of technology to solve our ills. The story of polio became the story of its conquest.

Groner (2005) is of the view that the volunteer trips by the Rotary help to raise the general public's knowledge of Rotary and the polio eradication effort. The educational activities are as important as media coverage because many team members are involved in these activities. They benefit the general public after returning home. Many give presentations to schools and other community groups on the benefits of polio eradication. Along with increasing public knowledge of polio eradication, it also enhances Rotary's endeavor to end polio.

Harnett (2007) has observed that returning home was often risky for both the kid and the guardians. The child was sometimes entirely

distorted, was maybe wearing calipers, utilizing props or was using a wheel chair. Neighbors were regularly inquisitive and even somewhat careful. Guardians frequently needed to become more acquainted with the youngster again and re-acquaint him with his kin.

Harshvardhan (2008) has thrown light on the WHO in its role to eradicate Polio. It is remarkable to note that it was in 1988 that the World Health Assembly decided to set goals to achieve polio eradication. This was the year when 3,50,000 polio cases occurred and most of them went unreported. It was estimated that only about 10 percent of the total number of cases are actually reported every year. In India, for instance, it is a well known fact that there is a social stigma attached to some disease and the victim's family tries to hide this fact from society.

He also says that to achieve this goal by 2000, WHO established a global partnership involving Rotary International, UNICEF, US Centers for Disease Control and Prevention, non-governmental organizations, donor governments and ministries of health in polio endemic states. All these agencies together provided advocacy, team of volunteers and technical expertise apart from funding the initiative.

Chaturvedi (2008) says that the WHO has defined polio eradication as the interruption of transmission of wild polio viruses in all human communities in the world. The WHO recommended the use of OPV for the Expanded Programme on Immunisation (EPI) in 1974 and subsequently for GPEI in 1988. 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 faecal, 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 disease 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: the gut.

Wilson (2009) says that as word began to spread about the polio epidemic through the news media and other channels parents became more and more anxious and got fearful that their children would die because of this deadly disease. Parents worried about their children being exposed to the disease anxiously scanned any sick child for signs of weakness or paralysis.

According to **Arora, Chaturvedi, Dasgupta (2010)**, for India to get rid of polio, WPU circulation must stop all the while in every endemic area in the nation, and all new instances of contamination with WPU and immunization – inferred poliovirus must be distinguished and forcefully overseen. Rounds of supplementary inoculation can prompt sustained accomplishments only if background routine vaccination scope is adequately high.

They are of the view that in its last lap, polio destruction is a great deal more than a specialized mission. What has been realized so far about the social determinants of program execution is broadly appropriate both geopolitically and regarding the specialized and operational parts of future endeavors to dispense with different illnesses. The vertical nature of all such exertion and individuals' discernments about them demand an intensive deconstruction.

According to **Thacker (2011)** OPV is quite safe and viable at ensuring kids against life- long polio paralysis. OPV is still and has been the most secure and best approach to shield kids from polio. OPV has been the immunization of choice for more than 195 nations that have effectively annihilated polio. It remains the Global Polio Eradication Initiative's prescribed immunization of decision to complete worldwide eradication. More than 10 billion measurements of OPV have been given to more than 2 billion kids in the previous years. The advantages of OPV far exceed the low risk of VDPU. OPV has diminished the polio incidence globally and in India by 99%. OPV has prevented polio in more than 3.5 million kids.

Yotsu, Abha, Smith, Das (2012) say that the Pulse Polio Immunization Program began in India in 1995 with the target of 100% scope of OPV. Reported cases effectively declined from more than 500 cases every year to 42 in 2010. In 2011, there was one and only case reported, conveying the nation near a turning point to eradication of polio – a 12 – month time period with zero instance of polio.

20He further states that though, India has become free of the deadly polio the lessons learned here about the way of social resistance ought to be considered to construct and keep trust with the general population in other polio-endemic locales and future eradication endeavors.

Hussain (2012) is of the opinion that an absence of straightforwardness about the polio annihilation program seemed to have added to "resistance" to inoculation in Aligarh in 2009. Families who had not been educated of the strengthening of the program had come to question the immunization's adequacy as polio cases happened. This

uncertainty appeared to be regularly exacerbated by the absence of transparency about the monovalent methodology to eradicate P1 as families had no real way to separate polio generalizations.

Vashistha and Puliyel (2012) state that January 12, 2012, marked a significant milestone for India. It was the first anniversary of the last reported wild polio case from India. Keeping the nation free of polio for an entire year was an accomplishment that it is a tribute to the Government of India and its 2.3 million vaccinators, who went and visited more than 200 million family units to guarantee that almost 170 million kids (under five years in age) were over and again inoculated with oral polio vaccine.

Sukla, Sharma, Rana and Zaidi (2013) have observed that after examining the progress made towards polio eradication, it can be gauged that improved sanitation played an important role in eradicating polio from the United States of America in the early 1960s, when only about two-thirds of the population was immunized whereas poor sanitation and crowding have permitted the continued transmission of poliovirus in certain poor countries of Africa of Asia, despite massive global efforts to eradicate polio.

According to **Williams (2013)** nobody knew anything about this disease called polio before the end of the 19th Century. Although the disease was first noted in 1789, only isolated cases surfaced until the first epidemic struck a village in France in 1885. From that period polio spread all over as epidemics in North America around the 1890s. This was followed by epidemics in Scandinavia in the early 1900s and in the

next 40 years polio had spread in Africa, UK and Australia along with other parts of the world.

According to **Wong (2014)** immunization secures a person against contracting polio however they can in any case be contaminated by the infection, which reproduces in the gut and can be transferred to others through contact with tainted faeces. This had prompted genuine polio episodes in Asia, Africa and Europe in the course of last10 years and is hampering endeavors to kill the infection.

Pinol (2014) says that in spite of the success of OPV the decision amongst OPV and IPV in areas where polio lingers keeps on being an issue of debate, in huge part on the grounds that mucosal invulnerability decreases quickly after OPV treatment. In this manner, health suppliers must give many doses of the OPV antibody, a challenge in remote regions or remote zones like Afghanistan, Nigeria and Pakistan.

Malhotra (2014) is of the opinion that a blend of the two vaccine sorts (IPV and OPV) in routine inoculation projects could accomplish worldwide destruction of poliovirus. OPVs are less expensive and simpler to manage yet the intestinal immunity they give against the infection debilitates before long. A global group of specialists has now tried the adequacy of IPV in boosting intestinal insusceptibility of OPV – inoculated kids.

Smith (2014) says that in March 2014, India celebrated its victory over polio as it was declared polio free by the WHO. India is really keen to guarantee that it will remain polio free. To prevent re-presentation of polio the administration has initiated another polio vaccine requirement

for all those who are coming from polio- endemic nations to India. There has been an important announcement from the Ministry of Health stating that "resident nationals of the currently seven polio infected countries are required to receive a dose of oral polio vaccine (OPV), regardless of age and vaccination status, at least four weeks prior to departure to India." The Ministry has also put forward regulations to check nationals from India who are visiting countries which are polio infected, that they should take the dose of oral polio vaccine.

Kapur (2014) opines that it is a huge victory for India and its people from being one of the most Polio infected regions a couple of years ago towards becoming Polio-free. The polio campaign has thus come a long way. The collective effort of polio partners spearheaded by the Government of India will ensure India remains Polio-free forever.

Bhandari (2014) is of the view that as India is celebrating three years of being without polio there is a dire need to put resources into medical care for the numerous individuals who struggled with life after having polio and still managed to live but are today, confronting the crippling post-polio disorder (PPS). PPS portrays the sudden onset of muscle weakness or state of fatigue in individuals with a past filled with intense crippled poliomyelitis usually occurring 15 to 40 years after the attack. A huge number of polio survivors encounter muscle weakness, weariness, joint and muscle pains and problems in resting, breathing or gulping.

Devi (2014) opines that several initiatives have been undertaken by the government of India to deal with various issues related to training, provision of rehabilitation services and health promotion regarding

disabilities in India. India has also established National Institute for Physically Handicapped. However medical professionals will face the challenge of identifying post-polio syndrome sooner or later and they need to gear up to deal with the issue. There is a need for inter-sectoral co-ordination with social sector organizations, health, education, etc. for managing the problem.

According to **Pandey (2014)** eradication of the polio from India seemed, by all accounts, to be the hardest part of the worldwide battle against the illness. There were a few explanations behind it: the vast population in India, poor sanitation, high birth rate, low rate of routine inoculation, high rate of diarrhea cases, migration levels, resistance to immunization among a few communities.

He further states that in spite of so many obstacles, this challenge was accepted by India and it did overcome this challenge. And then no polio case was reported for three consecutive years and finally India achieved the polio free status.

Singh (2014) is of the view that we should gain from polio eradication and make utilization of the framework, limits and inventive methodologies to battle different illnesses, for example, measles and rubella. Our vision must not be constrained to this. A bunch of sicknesses like jungle fever, HIV/AIDS and tuberculosis, are presently more regular than antibody preventable illnesses while we concentrate on proceeding with immunizations for infections that are on the decay, we ought to help out counteractive action of all ailments.

Menabde (2014) has observed that it took India about 16 years, since it started its endeavors to eradicate polio, to at last dispose of the wild polio infection from the nation. The accomplishment of polio eradication in India is a tribute to the solid responsibility and initiative of the Government of India and the state governments. Capably supporting them were the polio accomplices – WHO, UNICEF and Rotary International.

She further adds, in any case, the battle against polio couldn't have been won without the commitment and diligent work of the bleeding edge specialists and volunteers and the unequivocal support of all segments of the general public. Backing this amazing endeavor was an investment of millions of dollars by the legislature and benefactors.

The researcher of the present study, has tried to review the works of above mentioned international and national authors, writers and thinkers like Draper, Peters, Morris, Kluger, Roger, Harnett, Wilson, Williams, Daniel and Robbins, Squiers , Closser and Finger. All these authors have discussed about the term 'polio', its sconception and severe consequences all over the world. Webber, Seytre and Shaffer and Oshinsky have thrown light on the eradication plans all over the world, to get rid of polio. Hussain has based his study on some minority families of Uttar Pradesh. Groner and Harshvardhan have discussed about the role of WHO, UNICEF and other organizations in the global eradication of polio. Chaturvedi, Arora, Thacker, Malhotra and Pinol along with Yotsu, Abha, Smith and Das have discussed the importance of OPV in the eradication of polio. Sukla, Sharma, Rana and Zaidi have discussed about the importance of sanitation and hygiene towards prevention of polio.

Vashishtha, Pulliyel, Smith, Kapur, Bhandari and Pandey have written extensively on the eradication of polio from India. Menabde and Singh have discussed about the motivating and supporting factors behind India's victory against polio and have also thrown light on the same factors which can be helpful in the eradication of other deadly diseases.

It is noteworthy that all these eminent authors and writers have done their best to express their views on polio and its eradication all over the globe but it is supposed that none of them have conducted an ethnographic research along. The above mentioned studies undoubtedly hold an important place in the study of the dreadful disease polio and its eradication. However no studies have been so far done on the subject of Strategy, Programs and Performance of Polio Eradication Campaigns and the combined efforts of WHO, UNICEF, the National and State Governments of India and the incredible role of Rotary towards eradicating Polio along with case studies on polio survivors.

Hence this research, "Strategy, Programmes and Performance of Polio Eradication Campaigns in India: A Sociological Analysis" might be successful in highlighting the performance of Polio Eradication Campaigns from the sociological point of view. This piece of work could also assist in bringing about awareness in public to be alert, attentive and effortless in continuously giving the two vital drops of oral polio vaccine to their children till they are five years of age and also to get their little ones vaccinated against the deadly polio.

This study also includes case studies of five polio survivors of Jaipur City. It throws light on their life, struggles, motivating factors,

achievements and aspirations. So it might be able to provide a model with a sociological significance and change the outlook of the general public towards the polio patients along with other disabled people and they might be brought into the mainstream.

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