# <u>Underprivileged social groups</u> <u>A Primer for district level functionaries</u>

### I. Background

We are working to eradicate polio, which is an issue of <u>public health</u>. Public health involves varied sensitivities. In the context of Indian society, caste, community, gender, ethnicity, etc., are sensitive issues which often influence health policies and programmes. Public health and communication professionals have to be adequately aware of these sensitivities or else they may jeopardize the whole public programme. For effective communication they should approach their assigned responsibilities without any preconceived notions and prejudices about any caste or community. Polio effects children, and issues related to children cannot be addressed purely from an epidemiological perspective, they are better addressed when taking into consideration social and cultural dimensions as well as the point of view, opinion and emotions of the child and parents.

#### What do we mean by 'Underserved Communities'?

Underserved Communities are socially and economically underprivileged communities, largely Muslim communities, in certain areas of the country, who have poor immunity most often because they have been marginalized and excluded from the services pertaining to health, education and sanitation.

The level of immunity is determined by social and economic conditions and not by religion, gender and race: According to the current and previous data, most of the polio cases have been infants from Muslim families in Uttar Pradesh. The children of these families were infected by the wild poliovirus *not* because they are Muslim, but because of their poor social and economic conditions, as they live in unhygienic conditions, and have not received the services that are essential to protect them against infectious diseases like polio. These are the factors that create conditions conducive for the wild poliovirus to thrive and affect 0 to 5 year-old children.

**Key indicators**: According to the Human Development Report (2004) released by the UNDP, only 30 per cent of Muslim women are literate in India, and in Uttar Pradesh the literacy rate of Muslim women is very low (*exact fig. to be confirmed*). The level of education, particularly that of women, directly influences the income of the family, sanitation, hygiene and child healthcare. The low female literacy rate in underserved Muslim communities is one of the major factors contributing to poor healthcare and low immunization levels for children from these communities. Advancing the conditions of these communities is a long term developmental process and the polio eradication campaign cannot wait for it. Hence, underserved communities have to be persuaded to participate in the polio eradication initiative despite poor civic amenities. "Two wrongs do not make a right": families should be helped to appreciate the benefits of polio immunization and not use their participation as a bargaining tool. They can be best persuaded by educational and religious institutions they respect; employers and contractors are other potential allies, which should be invited to join and help persuade communities and individuals not to use polio vaccination as a means of protest and bargaining tool.

# II. Objective of the Underserved Strategy (USS):

USS is based on participatory approach i. e., participation of underserved communities in polio eradication programme so that they can own the programme. Ownership of the programme is a must for the success of the same. Hence, the basic objective of the USS is to ensure participation of underserved communities in (i) planning, (ii) implementing, and (iii) monitoring of the polio programme.

Sarkari Programme ko Awami Tehreek Mein Badalna Hey (From Government Programme to People's Movement): Polio eradication campaign is a government programme. We must engage civil society, particularly the institutions of Muslim underserved communities, for advocacy and grass roots social mobilization to translate this programme into a grass root movement.

Following are a few tips and messages, which will be helpful for the SMNet and other partners to convince the communities' opinion makers to transform this programme into a movement:

<u>The teachings of Islam attach very high importance to child healthcare</u> which includes immunization through vaccination. *Hifze Ma Taqaddum* (prevention), is an Islamic direction to all believers<sup>1</sup>. Most of the vaccinations, including polio vaccine drops, are preventive measures which are given to 0 - 5 year-old children to prevent incurable diseases in children. Hence, vaccinating children through polio drops and other available vaccines is very much to comply with the Islamic teachings.

# **III.** The partnership for polio eradication is growing in Uttar Pradesh

**Muslim Institutions and the** *Tehreek***:** 265 credible Muslim institutions of different nature and moorings like AMU, JMI, Hamdard, Shibli Inter College, Faiz-e-Aam Inter College, Darul Uloom Deoband, Miftiaul Uloom, Nadwatul Ulema, All India Milli Council etc., fully trust and support the campaign because they have wider vision and sincerely want to prevent Muslim children from being crippled (see annex II).

**Muslim sects and the polio programme** - In U.P. there are two main Muslim sects: (*i*) *Deobandis and* (*ii*) *Bareilvis*. At the macro level, the leadership of the two sects has a common understanding on the campaign and are unequivocally supporting the acceptance of OPV. Their ununequivocal support has been tested on several occasions whether it was the issue of developing contents of an advocacy booklet (facilitated by the JMI), constituting high level advocacy committee (convened by Jamia Hamdard) or advocacy meetings held at district and state levels (undertaken by numerous partners). Eminent leaders of both the sects on several occasions articulated their unreserved support to the cause. However, the SMNet and other partners have to be careful at the sub-district level, especially the volunteers at CMC level and also BMC level to identify and use influencers and third team members from the sects they are dealing with at the micro level.

**Tableegh movement:** the word *tableegh* means 'convey' i. e., convey the message of God regarding prayer and to lead a life subscribed by God and Prophet Mohammad (the last messenger of God). Tableegh in India is an apolitical movement with very simple agenda of spreading the message of Islam – piety, honesty and simplicity. The message is mostly spread by numerous groups of religious Muslims (mostly males) by visiting Muslim habitats in rural and

<sup>&</sup>lt;sup>1</sup> See "Sehat Mand Log, Sehat Mand Mashara, Roshan Mustaqbil", advocacy booklet produced by UNICEF, Uttar Pradesh and Jamia Millia Islamia, New Delhi (2004).

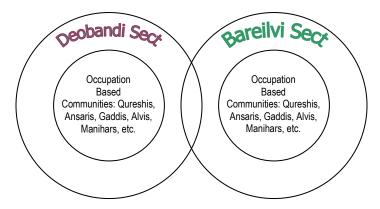
urban areas. These groups always halt at Mosques in Muslim habitats for a specified number of days and during their halt every day they visit houses of Muslim families of the area and then move on to the next destination. They visit specified number of areas for specified number of days which is predetermined at a *markaz* (district or state centres of tableegh). After completing the tableegh trip they return to a markaz from where they go back to their routine life until the next trip. Tableegh movement has its influence over the largest population of Sunni sect all over the world including India.

Deobandi SectBareilvi SectBelieves in direct prayer to GodMany sections believe approaching God through imaams and grand sufis (holy souls)Preaches simplified ritualsElaborate ritualsInstitution of Pir-Murid is not structuredTraditional institution of Pir-Murid (Grand spiritual Masters and their disciples) is structuredTableegh is the main tool of mobilizing Muslims for piety and religiosityDo not support Deobandi tableegh movement, but spread their messages through Urs (congregations at sufi shrines and zikr(chanting God and Prophet's names)Emphasizes on performing collective namaz (prayers) 5 times a day, fasting, pilgrimage to Mecca, zakat, fitra (payment of tax and alms),SamePatriarchy is eloquently manifested, promotes gender segregationNot so rigid about the issueDiscourages pilgrimage to Sufi shrines, music, etc.Promotes pilgrimage to Sufi shrines, music, etc.Discourages faith-based healing of sufferings to earn money (taveez, etc)Practises faith-based healing of sufferings to earn money (taveez, etc)Discourages processions with tableau of the martyrs of Karbala during the month of MoharamElaborate rituals for fatiha khwani (fhere are few more specific differences)Geographical spread Saharampur, Muzaffarnagar, Baghpat, Meerut, Ghaziabad, G B Nagar, Bulandshahar, Aligarh, and west part of Bijnor and J P Nagar;Geographical spread Bareily, Rampur, Moradabad and Shahjahanpur, Farakhabad, Firozabad, Eta;	IV. A brief overview of key differences between Deobandi and Bareilvi sects:	
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# IV. A brief overview of key differences between Deobandi and Bareilvi sects:

Mixed followings – Other areas including Lucknow and east U.P. have mixed Deobandi and Bareilvi followings

V. Occupation-based communities within Muslim sects can also be helpful for reaching the unreached children:



Often occupation is a strong force to influence certain underserved groups. Different occupation based communities are sub-sets of different sects (see the diagram above). Qureshis (butchers), Ansaris (weavers), Ghazis or Gaddis (milkmen) are some of the major occupation-based Muslim underserved communities in U.P and they are sub-sets of either Deobandis or Bareilvis sect, depending on the region. The living conditions of the above mentioned occupation-based communities are organized in a way that put them at risk of unhygienic conditions due to high density of population, poor civic amenities; choked up sewer system expose their children to the wild poliovirus infection; Teams and vaccinators are mostly outsiders and sometimes due to existing difficult and unhygienic environment (butchered animals' remnants like blood, bones, horns and other such organs spread all over) they do not make the required efforts to reach out to the children in these families.