

Effective Communication during Public Health Emergencies: A study on the Corona Virus (SARS-CoV-2) Contagion among Vulnerable Communities of India

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Abstract: India has a diverse social structure. The diversity is mostly characterized by a sense of unity amongst people of different cultures living together in peace and harmony since ages. But during any crisis, this diversity stands as a barrier for the timely and effective dissipation of information. Public health emergencies during outbreak of communicable diseases may cause fear and anxiety leading to prejudices against people and communities, social isolation and stigma. Such behavior may lead to increased hostility, chaos and unnecessary social disruptions. Even healthcare workers, sanitary workers and police, who are in the frontline for management of the outbreak face discrimination on account of heightened fear and misinformation about infection. It has similar implications for people who have recovered from COVID-19. There is an urgent need to counter such prejudices, misinformation and to rise as a community that is empowered with health literacy and responds appropriately in the face of this adversity. A few highly circulated superstitions and misbeliefs on social media about the coronavirus have figured in this analysis, while public awareness campaigns have been highlighted as the sort of responses that can be mounted to counter misinformation and superstitions. The focus of this study is to analyze (and thereafter suggest) a few of these responses to counter this existing 'infodemic' menace and also discuss measures for effective communication during this Global Health Emergency by taking a leaf from the Crisis and Emergency Risk Communication (CERC) manual under the aegis of Centre for Disease Control and Prevention (CDC), US.

Key Words: corona virus, communication, community, misinformation, stigma.

1. INTRODUCTION:

Effective communication is essential during public health emergencies, as it can influence the level of public awareness, the decisions made by individuals and organizations, and the effectiveness of the response effort. During public health emergencies such as pandemics or outbreaks, people are often overwhelmed with information and may feel anxious or confused, which can lead to misinformation and a lack of trust in public health officials. Therefore, clear, concise, and accurate communication is crucial to ensure that individuals and communities understand the situation and take appropriate actions to protect themselves and others.

Public health emergencies require the timely and accurate dissemination of information to individuals and communities. The information should be relevant, accurate, and easy to understand. During a public health emergency, people may have questions about the nature of the threat, the steps they can take to protect themselves and their families, and how they can access resources and support. Effective communication helps to address these concerns and provides guidance on what actions to take.

Clear communication can also help to dispel myths and rumors that may arise during a public health emergency. For example, during the COVID-19 pandemic, misinformation and conspiracy theories spread quickly, leading to confusion and mistrust in public health officials. Effective communication can help to address these rumors, provide accurate information, and promote trust in public health officials. Responding to COVID-19 required critical preparedness and response which includes effective communication as an essential strategy. Communication is a mode of the imparting or exchanging of messages by speaking, writing, or using some other medium. During a pandemic, communication is not only conveying messages to people but has a much wider approach.

The most important factor in preventing the spread of the COVID-19 has been to empower the people with the right information. Today in the era of COVID-19 pandemic there is an overabundance of information leading to 'infodemic'. During a pandemic there is a lot of false information around therefore it is vital to have a dedicated COVID-

19 information portal. India owns its dedicated integrated COVID-19 web portal, national and state wise helpline number, authentic email ID, government social hub on WhatsApp, Twitter, Facebook, New Desk Telegram, Instagram, Twitter, LinkedIn, and YouTube. Government of India developed Aarogya Setu mobile application aimed in proactively reaching out to and informing the users regarding risks, best practices and relevant advisories related to COVID-19 (Reddy & Gupta, 2020)

The government changed the default telephone caller tune in India from “tring-tring” to “cough-cough” followed by a message about Coronavirus. This is a multilingual and understandable 30-second audio clip to create awareness among masses. This a practical application of information and education communication (IEC) strategies. Paintings with awareness messages on walls, roads and other common places, images on social media, memes, newspaper clips are other examples of IEC.

Worldwide social marketing is used in breastfeeding, personal hygiene, immunization, Tobacco control and others. In India social marketing was used by multiple multinational companies and brands to spread messages for handwashing, social distancing and restricted movement during COVID-19. For example, “*Sirf lifebuoy nahi bulky kisi bhi sabon se haat doye*”. In this video, a branded soap is advocating to wash hands with their soap or any soap available. Surf Excel “*Abhi ke liye! Daag Ghar Pe Rahenge*”. In this video, a branded washing powder is advocating social distancing and restricted movement. The video is acted by kids to give simple and clear messages to the children audience. Another example is “*Ghar baithe baithe kya hi kar sakte hai? Bahut kuch! Ab Tata Sky ke saath, seekhiye aur sikhaye kuch.*” This is motivating people to be active and engaged in their homes during the restricted movement period of COVID-19. (Reddy & Gupta, 2020)

Effective communication is proactive, polite, imaginative, innovative, creative, constructive, professional, progressive, energetic, enabling, transparent and technology friendly. However, there are multiple factors playing a key role in accepting information, like social and cultural characteristics. Gender, generational contrasts, language inclinations, strict convictions, religious beliefs, and varying literacy influence the action of masses. Difficulty and attitudes towards initiatives in public health communication is crucial to improving awareness and eventually acceptability or unacceptability of government advisories. Presence of treatment, and vaccines have significant consequences for vulnerable people as it would allow individuals and organizations to take decisions and acts that may be incompatible with their health beliefs and values during a pandemic. Individuals with minimal financial resources needing to work on a daily basis may have trouble following advice to stay at home. Reliability, affordability, accessibility, availability, and appropriate use of personal protective equipment are key concerns from health care workers to common man (Reddy & Gupta, 2020)

Effective communication during public health emergencies involves a combination of strategies, including:

- Use of multiple channels: During a public health emergency, it is important to use multiple communication channels to reach different audiences. These channels may include television, radio, social media, websites, and direct messaging.
- Consistent messaging: Consistency in messaging is crucial to ensure that people receive accurate and timely information. This messaging should be based on scientific evidence and should be updated regularly as new information becomes available.
- Tailored messaging: Communication strategies should be tailored to specific populations to address cultural, linguistic, and literacy differences. For example, messaging to non-English speaking communities should be translated and disseminated through appropriate channels.
- Community engagement: Community engagement can help to build trust and credibility with the public. This can be achieved through partnerships with local community organizations, religious institutions, and other trusted entities.
- Two-way communication: Effective communication involves a two-way exchange of information. Public health officials should be responsive to feedback and questions from the public and should provide opportunities for individuals to share their concerns and experiences.

2. OBJECTIVES :

- To identify and discuss the roles/ responsibilities that media played during the Covid-19 pandemic in India
- To deliberate on the best practices for effective communication during Global Health Emergencies in the Indian context

3. METHODOLOGY :

The data for this exploratory study is extracted from online sources, available literature, various research articles, news reports and other relevant secondary data in reputed newspapers and Government departmental announcements.

RISK COMMUNICATION

The WHO Communications Working Group report, March 2009 mentions that “For public health emergencies, risk communication includes the range of communication capacities required through the preparedness, response and recovery phases of a serious public health event to encourage informed decision making, positive behaviour change and the maintenance of trust.”

Risk communication used to be viewed primarily as the dissemination of information to the public about health risks and events, such as outbreaks of disease and instructions on how to change behaviour to mitigate those risks. Thinking on this has now evolved dramatically as social science evidence and new communication and media technologies and practices have evolved in the 21st century. The three big shifts that have influenced the field for risk communications are:

1. Experts and authorities are less trusted, and issue of real or perceived trust is now central to health communications and risk communications;
2. The way the public seek health advice has shifted to the public on-line sources, and social networks;
3. The way the media works has changed to embrace 24-hour journalism; the reduction in resources and “beat experts” to follow health news; the increase of citizenship journalism and social media, and the rise of opinion versus the well-sourced and referenced new stories of the past.

Today, risk communication is recognised as the two-way and multi-directional communications and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones. It can and should utilise the most appropriate and trusted of channels of communication and engagement. It needs to bring together a diverse range of expertise in the field of communication, social sciences (mass media, emergency and crisis communication, social media, health education, health promotion, communication for behaviour change, etc) and systems strengthening techniques in order to achieve public health goals in emergencies. (*An Introduction to Risk Communication WHO - Copy.Pdf - Gaya Gamhewage, 2014 An Introduction to Risk Communication What Is Risk Communication?*, n.d.)

The goals of risk communication are to share information vital for saving life, protecting health and minimizing harm to self and others; to change beliefs; and/or to change behavior. The literature on the purposes of risk communication generally takes a management perspective. Accordingly, risk communication may serve to: raise awareness, encourage protective behaviour; inform to build up knowledge on hazards and risks; inform to promote acceptance of risks and management measures; inform on how to behave during events; warn of and trigger action to impending and current events; reassure the audience (to reduce anxiety or ‘manage’ outrage); improve relationships (build trust, cooperation, networks); enable mutual dialogue and understanding; involve actors in decision making.

These goals can and should be measured. Without monitoring and assessing outcomes on changes to knowledge, behaviour and practice, the activities related to risk communications become mechanical, meaningless, and do not help manage and control a public health emergency. Unmonitored for outcome, risk communications consumes and wastes valuable resources, are ineffective and create a false sense of achievement in those who are responsible for the response.

TRUST IN INFORMATION AND THOSE PROVIDING IT

In risk communication, trust is the currency of transaction. In the first ever outbreak of Ebola Virus Disease in West Africa in 2014, some Knowledge, Attitude and Practice (KAP) surveys run by responders have revealed many misconceptions about the disease and the treatment offered.

Half of respondents in a KAP survey in Liberia in mid-2014 believed that patients who are in isolated treatment centres are not given food, medicines or water. The same survey and a subsequent survey a month later revealed that an overwhelming proportion of villagers (85%) trusted information that they received over the radio. At the beginning of the outbreak in Guinea in February 2014, local residents attacked two treatment centres run by Medcins Sans Frontiers (MSF) claiming that foreigners had brought the disease to their country. All these are practical evidence of the issues of perception and of trust.

In Nigeria, a KAP8 survey of more than 5,000 members of the public from local government areas considered “high risk” (either Ebola patients or contacts lived there), as well as 600 health care workers in the last week of August 2014 also revealed some shocks. One third of the public did not know how EVD is caused. Asked about how EVD was spread, more than two-thirds said, “contact with patients”. Less than half the public said “bodily fluids”; one third said it is spread from animals to humans. More people said it was spread through the air (7.7%) than through participation

in a burial (5.8%). Less than half said “not touching Ebola patients” would protect them. Less than one in 20 people said not participating in burial rites of Ebola victims. Nearly three-quarters (72.9%) would visit a hospital for help if they thought they had EVD, but only 15.7% would call the Ebola Helpline. Almost as many (14.3%) would resort to prayer. Other responses included: seek traditional healer, stay at home (1%); go to a religious centre (1.7%); hide (1.5%); take self-prescribed treatment (2%). TV (70%); radio (50%);

Political science and risk communication scholars have identified a number of factors that relate to trust, including confidence in the government’s preparedness, honesty, willingness to disclose information, dedication and caring. Personal experience informs perceptions of trust and which organizations the public deems trustworthy. These factors can be divided into three broad categories: (1) Public perceptions of the government; (2) Personal experience and (3) Trustworthy organizations.

A key decision in planning emergency communications is how you will get the message to the audience. This decision is influenced by several factors, including: The audience—Whom are you trying to reach? Urgency of the message—How quickly do they need the information? Reliability of the medium—How reliable are the available media? Appropriateness of the medium—Which media best communicate the message in these circumstances? Resources—What resources may be required? (Wray et al., 2006)

4. DISCUSSION and RECOMMENDATIONS:

During an emergency, situations change quickly. Communicators must adapt messages based on the rapidly changing status of the health threat. To move the target audience towards actions to protect families, communities, and nations in an emergency, communicators need strategies and tactics for creating effective messages. WHO and other partner organizations have developed communication plans for specific health emergencies (H1N1, Ebola, Zika virus, etc.). However, some similar tactics are found in all of them. These tactics have been

- Consider the communication environment and emphasize what is being done to control the emergency
- Use a consistent planning process that incorporates effective risk communication principles
- Coordinate messages with partner organizations Support community engagement etc

(Source : World Health Organization)

Effective Communication Strategies

To address these challenges, effective communication strategies must be employed. These strategies should focus on providing accurate information in a way that is accessible to everyone. Below are some strategies that have been effective in communicating with vulnerable communities in India:

- Partnering with Local Organizations: One effective strategy is to partner with local organizations that have established relationships with the community. These organizations can serve as trusted messengers, helping to disseminate accurate information about the pandemic.
- Using Multiple Modes of Communication: Effective communication requires the use of multiple modes of communication, including radio, television, print media, and social media. However, in vulnerable communities where digital access is limited, radio and television may be the most effective channels.
- Creating Content in Local Languages: Since many members of vulnerable communities may not speak the official language of the country, creating content in local languages is essential to ensure that everyone can understand the information. This includes translating official guidelines and recommendations into local languages.
- Simplifying Information: To ensure that the information is easily understood, it is essential to simplify complex medical terminology and concepts. This can be done through the use of simple language, pictures, and videos.
- Engaging with the Community: Effective communication strategies should also involve engaging with the community. This can be done through town hall meetings, community events, and other forms of engagement. This engagement should include an opportunity for the community to ask questions and provide feedback.

5. CONCLUSION:

Effective communication plays a critical role in managing the COVID-19 pandemic, especially in vulnerable communities. India, with a population of over 1.3 billion, has been severely affected by the pandemic, and vulnerable

communities, such as those living in slums and rural areas, have been particularly affected. Effective communication strategies are necessary to ensure that these communities receive accurate and timely information about the pandemic and the measures that they can take to prevent its spread.

Challenges in Communicating with Vulnerable Communities Vulnerable communities in India face numerous challenges when it comes to receiving and understanding information related to the pandemic. These challenges include a lack of access to reliable sources of information, low literacy rates, language barriers, and cultural differences. Additionally, many members of these communities may not have access to smartphones or the internet, which makes it difficult to disseminate information digitally.

Effective communication is essential during public health emergencies to ensure that people receive accurate and timely information, dispel myths and rumors, and promote trust in public health officials. Communication strategies should be tailored to specific populations, consistent, and based on scientific evidence. Community engagement and two-way communication are also important to build trust and credibility with the public. By employing these strategies, public health officials can ensure that individuals and communities are informed and empowered to take appropriate actions to protect themselves and others during public health emergencies.

Effective communication is essential to managing the COVID-19 pandemic in vulnerable communities in India. By partnering with local organizations, using multiple modes of communication, creating content in local languages, simplifying information, and engaging with the community, accurate information can be disseminated to those who need it most. These strategies can help reduce the spread of the virus, minimize the impact on vulnerable communities, and ultimately save lives.

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