“Importance of effective communication during COVID-19 Infodemic” Are we prepared enough? A reality check!

Dear Editor,

In the article titled “Importance of effective communication during COVID-19 Infodemic” by Reddy BV and Gupta A. The authors have pointed out beautifully the importance of effective communication especially during pandemics and the article is absolute pertinent regarding the current COVID-19 scenario. We do acknowledge that the effective communication is the key to dispel Infodemic outbreaks but at the same time we must realize the role of existing health literacy, its level and understanding among the community to effectively understand how communication methods will work within the country like India with diverse geographical, socio-cultural and linguistic divide. That’s why we feel that effective communication and health literacy are inter-connected and directly proportional to each other.

On the 11th of March 2020, the World Health Organization (WHO) declared the ongoing outbreak of unusual pneumonia caused by SARS-CoV-2 in Wuhan province of China as the global COVID-19 pandemic. The virus was novel and without any vaccine at bay, the world was acting like a mute spectator in the early phase of the pandemic. The communicability of the virus and secondary attack rate was so high that the virus engulfed the whole globe within short span of its origin.

The fast-spreading nature of the virus called for a global response for early containment of the disease. The countries around the world struggled to combat the rapidly escalating COVID-19 pandemic, finding themselves in uncharted territory. In the early phase of the pandemic. The communicability of the virus and secondary attack rate was so high that the virus engulfed the whole globe within short span of its origin.

The Problem Statement

Different countries used different strategies, to boost the front-line health workers and raise the morale of the public, in the fight against coronavirus. The Italian prime minister, in addition to sing-along from windows and balconies asked fellow Italians to create a blackout on Sunday nights as people joined a “flash mob of lights” to show solidarity amid a nationwide lockdown. Other spirit-lifting initiatives included hanging signs from windows and balconies bearing the slogan of Italy’s coronavirus quarantine, Andra tutto bene (everything will be alright).

Here in India, Honorable Prime Minister also announced a day nationwide lockdown, “Janta Curfew” on 22nd March 2020 and urged people to resolve and restrain the fight against coronavirus. He said that the people should come out and start clapping or ringing bells for five minutes at their doorsteps or windows to express gratitude to those who have been working in the frontlines during this health crisis. He also urged people to practice physical distancing. His motives were to create unity and solidarity among the masses and prepare them for future lockdowns.

However, the “Janta Curfew” turned into a social celebratory event. Nobody followed the physical distancing norms as suggested by the Honorable Prime Minister. In a process to extend the lockdown, Honorable Prime Minister of India again urged the nation to light candles or flash mobile lights for 9 minutes at 9 PM on 2nd April 2020. Whole nation followed his exhortation. But news reports showed that people turned this into a flash mob event and a mega Diwali (A festival of light) event.

What and Why It Happened?

In India, it has been observed many times that any preventive public health strategy advised by the authorities was not followed by the people in letter and spirit. A special queue with circle marks and that too one meter apart for maintaining social distancing was misinterpreted by the people. Photos of sandals and belongings kept within the circles and people standing in crowd form, under shades went viral on many news channels and social media.

It was reported that people wore face masks but did not cover the nostrils. Touching their face repeatedly by removing facemasks was also rampant. Behavioral scientists were at a loss trying to find answers as to why people are not following the advisories issued by the authorities or misinterpreting these?

Why Indians are behaving differently for specific health behavior inputs? In simple words we can say that it is due to our health literacy level being suboptimal.
The concept of health literacy is the key to analyze health behavior and changing health related behavior takes time. Health literacy refers, broadly, to the ability of individuals to “gain access to, understand, and use information in ways which promote and maintain good health.”[5] The challenges posed by the highly communicable disease like coronavirus require multifaceted approaches. Adequate clinical care is important, but improvement in the living standard and access to health education by the citizens is pivotal for any success. Health literacy enhances the self-efficacy of people to adapt recommended preventive behaviors such as vaccination against vaccine-preventable diseases or the use of a helmet while driving a motorcycle.

This approach has been recognized as crucial in encouraging people in similar public health interventions. For any health promotional event to be successful, adequate information and advice should be provided to the individuals so that they identify their roles and know what they need to do. However, many factors influence the ability of an individual to understand his role, the information provided to him, follow healthy lifestyle instructions, and ultimately take effective decisions related to his health and care. Some commonly known factors include the level of education and socioeconomic status while the role of health literacy is yet to be explored.

Secondly, the behavior of individual influences one’s perception to take any health-related benefits or cares. Commonly reported behavioral models to include the health belief model, social cognitive theory, and theory of planned behavior. Using these models, in the current scenario of coronavirus pandemic, the acceptance of measures like hand washing, use of face masks, cough etiquettes and social distancing by the people involves individual perception regarding the personal vulnerability, the seriousness of this pandemic as a problem, benefits of taking action and barriers which prevent us from learning a new behavior.[6]

Initiation and maintenance of a given behavior by any individual, emphasizes the role of interaction between cognitive, environmental, and behavioral factors. Learning a behavior looks like a simple process, but practicing it in the day to day life requires a lot of patience, time, positive attitude, and overcoming barriers. When advisories are issued by the authorities regarding COVID-19 prevention, it becomes imperative for an individual to follow them. They have been asked to follow a common behavior. But inculcating that behavior in day to day life will require a lot of time until there will be a permanent behavioral change within an individual and among the masses.[6]

Our Proposed Solutions

This problem can be solved through multi-sectoral approach in true sense. We must involve other than health sectors and practice setting-based approach for improving health literacy [Figure 1].

Our knowledge, attitude and practices about various aspects of our life, including health are largely formed in childhood. So, teaching institutions can also play a significant role in developing health promotive behaviors through formal education.

Learning a specific new behavior for an adult may be difficult and may utilize much time and resources. Apart from the above-mentioned formal mechanisms of behavior change, settings-based approach can be used. As an example, health-promoting behaviors can be practiced in children since childhood at places like anganwadi centers, play schools, and schools, there can be an exponential increase in the learned behavior among them and they will practice that all at instances wherever needed.

At anganwadi centers, children along with their mothers can be taught fundamentals of hand hygiene, cough etiquette, and physical distancing. Other preventive lifestyle and diet modification approaches can also be taught to them. The concept of “catch them young” can be utilized and this way, we can have a preventive learned behavior not only for communicable diseases but also for non-communicable diseases. In Table 1 settings based approach for behavior change and improvement in health literacy is depicted.

Furthermore, national health programs can be effectively utilized for behavioral change among adults. As an example, a tuberculosis patient can be made aware and asked to hand wash whenever ever there is any exposure to aerosols. He can be asked to wear the face mask all the time and practice cough etiquettes, under National Tuberculosis Elimination Program (NTEP).

Similarly, people with the diarrheal disease can be asked to practice handwashing whenever required under Integrated Management of Childhood Illness (IMCI) guidelines.

Those attending the flu clinics can be asked to use a face mask and practice handwashing and cough etiquettes, doctors and those attending wards can be advised to hand wash or use sanitizer after every patient they examine regularly.

Figure 1: Multisectoral convergence of Different Government sectors
The general public can be advocated to hand wash and maintain physical distance measures at dinning, parties, and other places of public interest. Hospitality sector can also help us to practice health-promoting behaviors by making hand-washing compulsory before entering and leaving a restaurant, a dining hall, or a party venue.

In healthcare sector, people must practice Salaam/Aadab or Namaste or Bow down or use any other facial gesture just to avoid shaking hands all the time to prevent infections[7].

These health-promoting approaches can give good dividend in a long term. Unfortunately, general public is unable to practice these best practices due to multiple reasons, and that is quite natural.

However, despite all the theoretical knowledge, focus in communicable disease outbreak control is on quick technology heavy solutions like immunization (the quest for the CORONA vaccine),[8] novel diagnostic procedure (RT-PCR for COVID-19)[9] or a new drug regime (Remdesivir—a new drug therapy for COVID-19)[10] without mentioning underlying social pathology like poor health literacy, poor civics or lack of inter-sectoral co-ordination and many more.

Usually these quick fix/knee jerk/tangible responses are practiced for tiding over the acute situation, without any long-term vision. This is because the public believes on quick, tangible results. On the other hand, health promotion activity is a type of long-term investment. It also requires behavior change of people, which itself is a slow process. Today we are suffering from COVID-19 pandemic, we hope that in future emerging and re-emerging disease occur to suppress the data, e.g., “under-reporting” of COVID-19 in India in (KOLKATA, West Bengal, India) 2020.[12]

We have to understand that epidemiology is just a diagnostic tool to quantify and analyze the problem while health promotion focuses on action through lobbying advocacy, formulating laws, creating civic amenities and imparting health education. Very often, epidemiology is misused as a political tool, when outbreaks of communicable disease occur to suppress the data, e.g., “under-reporting” of COVID-19 in India in (KOLKATA, West Bengal, India) 2020.[13]

Public health should not be exploited to divert public attention from real issues. Data collection just give an impression of some action being taken. However, the much-needed improvement in health literacy among the common people is required on urgent basis.

Even undue focus is there on “health education” of general public as the panacea to all public health-related ills, whenever we talk about “preventive medicine”. We tend to ignore role of other non-health sectors.[10]  

### Conclusion and Recommendation

Understanding the role of health promotion and health literacy during policy-making, administration and control of outbreaks or epidemics or pandemics is the need of the hour. The lessons we have learnt, must be applied not only for the ongoing COVID-19 pandemic but also for the future outbreaks. To mitigate any humanitarian crisis in future, we need to advocate stringent and sustainable measures to promote health literacy among the general population. Simultaneously, we have to create educational opportunities about behavioral change in different settings, which can be practiced into our day to day life.

Although the authors “Venkata Shiva Reddy B and Arti Gupta” have stressed the role of effective communication in times of...
pandemics but side by side we need to focus on increasing the health literacy among the community. Effective communication and improving health literacy among our masses will provide a more dividend to Infodemic than communication alone. We believe that health literacy along with communication methods will defeat the arising Infodemic effectively, cooperatively and coherently.

**Ethical issues**

The study had no ethical issues pertaining to animal or human experimentation. All the data was collected from the public domain and had been used to infer results of this study, so no permission was required.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

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