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# Public Health Communication By Health Workers During COVID-19: A Study Of Jalandhar District Of Punjab

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**Abstract:** *Everything can be regained except the human body. Once it is lost, it can not be obtained. It clearly shows the importance of health. So health is an important component for the development of the society. 'Health for All' is one of the major objectives of the Sustainable Development Goals (SDGs) for 2030. But in the year 2020 health is adversely effected by COVID-19. As a result major health issues are pushed to back seat and it became secondary for administration, for governments as well as for society too. Punjab is also facing major health issues like drug addiction, cancer, tuberculosis and other daily pertaining health issues. Most of these issues are ignored because of COVID-19. This pandemic compelled all governments and health workers to focus on COVID management. This situation not only effecing the masses general health, but also affects psychologically and socially. It has affected the peoples' behaviour and social dimensions also. The major objectives of this study to know about role of media during COVID-19 and setting the health agenda for masses and secondly trying to set up inter relationship between health and communication. Researchers have interviewed different health workers to analyse their mind set about health and related issues. Also analysed government running COVID-19 related schemes as secondary data. The study concludes that during COVID-19 health communication by health workers was completely focused on pandemic awarness and precautions, but all other health issues are not on priority. Surprisingly majority of grass root health workers are not aware of SDGs and health related targets. They are using traditional along with digital mediums of communication. In one line it can be concluded that, this year life survival is important rather than health agenda for all.*

**Key words –** COVID-19, SDGs, Health Agenda, Public Health Communication

## 1. INTRODUCTION

As per the ancient Indian scriptures of Chanakya Neeti Shloka, Punarvittam Punarmitram Punarbharya Punarmahi, Etatsarvam Punarlabhyam Na Shariram Punah Punah. That means, one can re-earn wealth, friend, wife (Spouse) or the kingdom, but the body when lost may

never be acquired again. This is the importance of health and is taught to all from time immemorial. This is not confined to India or any one single country of this world. Rather it is felt everywhere across the globe. All unanimously accept the importance of health. Health is one of the important Sustainable Development Goals (SDGs) which is targeted to achieve by 2030. The Alma-Ata Declaration of “Health for All” by World Health Organisation (WHO) in 1978 has set milestone in the field of public health. The major objective of “Health for All” was explained as “ a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Health improvement includes not only physical matter but major concerned about masses attitude, psychology, their behaviour and opinion about health issues. Health aspects not discussed only health related infrastructure but surrounding socio-economic conditions, political conditions and environment also. During COVID-19 masses are facing many health consequences vary from vulnerable and non-vulnerable diseases, high mental stress due to job loss pressure and social- economic stigma. So in this scenario change agents should use different communication framework for improving collective and individual decision making, in choosing healthy decisions and positive health behaviour to overcome the situation of COVID-19 physical and mental burden. [1] Biggest challenge faced by all states is that they are not in a situation to provide equal opportunity of health to all citizen. This pandemic has created health disparity among masses due to lack of health facility and public health system lapse as over burden on machinery. Shockingly this pandemic is creating fear not among patients but among health practitioners also. In addition, lack of trained manpower, in terms of doctors, nurses and para-medical staff push people to endanger their lives.

Punjab is the one of the prosperous state of the India. There is adequate food, shelter and other basic amenities for its people. Health infrastructure picture is something different. Private sector health clinics/hospital has grown at a greater speed especially in urban areas that have modern facilities and sophisticated medical equipments. But about 66% rural populations are totally dependent on public health infrastructure. In which primary health care services in rural areas are provided through network of sub –centers, PHC, CHC and subsidiary health centers. The secondary level health care system implemented through district level hospitals and tertiary level health care services run by specialized hospitals that are attached to state medical colleges.

The official data state that state health department dealing with around 25 major health related programs like all vector borne disease, national leprosy eradication and family welfare etc. [2] So for information point of view government of Punjab has appointed Block Extension Educators for dispersing information and knowledge among rural masses so that they can avail benefits of all health facilities which are given by government under many programs. Another fact is the burden of disease in the form of non-communicable disease on a large scale while communicable disease like TB, AIDS and water borne diseases like cholera and diarrhea have been source of large mortality. The risk factors arise in terms of unhygienic living conditions and lack of civic facilities. [3][4] The pandemic of COVID-19 adversely affected marginalized section especially women and children both due to lack of resources at grassroots level. Families are not in good situation to have good food and health facilities for pregnant women as well as new-born children. So in this case SDG for health are going to be adversely affected. Shockingly the political view point is that, the central government is running National Health Protection Scheme ensures health coverage of up to 500 thousand rupees per family as a secondary and further tertiary care hospitalization under Ayushman Bharat scheme are not running properly at village level and masses are not aware of it.

## **Public Health Communication**

As per the definition of Health communication it is a multi-faceted and multi disciplinary approach to reaching different group of population which can be broadly termed as audience or target group and sharing with them the each and every health related information. The goal of this communication is to influence, engage and support communities, special groups, health professionals, policy makers, individuals, and the public to adopt or sustain a behavior, practice or policy which will enable them ultimately to improve health outcome. The primary objective of health communication is disseminating information and knowledge regarding health among individuals as well as society by improving health literacy. Generally researchers adopt fundamentally four approaches in Health Communication strategies. These include information, education, persuasive and prompting. The NIH (National institutes of health) and the CDCP (Centers for Disease Control and Prevention) (2011) clearly defined Health Communication as “Health Communication encompasses the study and use of communication strategies to inform and influence individual and community decision that enhance health.” Under the Health Communication individual point of view communicator create awareness of different health issues, health problems and risks and at the same time tries to provide health solutions by taking support from health experts. If we perceive it from the community point of view, then the communicator here sets the public health agenda and advocates among the masses for the policies and programs which can improve the public health and health care services with proper delivery. According to Scott Ratzan and Ruth Parker, described health literacy as “It is the degree to which individuals have the capacity to understand basic health information and services needed to make appropriate health decisions. Similarly the Public Health Communication must be regionally appropriate and socially engaged through top-down vertical flow of information about health messages to various stakeholders such as patients, community members, opinion leaders and health workers.

### **Using an Integrated Approach for an Effective Public Health Communication**

- **Agenda setting through media**–Means to media framed public opinion on particular issues. This approaches developed by Max Maccombs and Donald Shaw in 1968 American president Election. Through this approach communicator informed to target audience regarding diseases causes and influence for their precautions.
- **Two-step and Multi Step Flow Theory**–These two theories introduced by Paul Lazarsfeld. Two-step theories say that masses form their opinion under the influence of opinion leaders and those leaders influenced by mass media. On the other side multi step flow theory intervenes between the media’s direct message and the audience’s reaction to the message. Both theories effectively used in HC through communicating in a multi way.
- **Social Learning Theory and Health Belief Model**- Social learning theory about learning of social behavior in lieu of HC Communicator cultivating the masses behavior, attitude as well as knowledge about health information. Psychological health behavior change model and the Health Belief Model are helpful to understand the people’s belief and perception about health issues and engaging them in all activities for health promotion.



## **Integrated Approach for an Effective Public Health Communication**

### **Health workers as Health Communicators**

The health workers like ASHA, nurses of PHC are the key persons for organizing Information, Education Communication activities related to COVID-19 in the Primary Health Centre or in the Block Area. They are under the immediate administrative Control of the Medical Officer of the Primary Health Centre. They work under the technical supervision and guidance of the District Medical Officer. [2] The principal functioning would relate to the uplift promotion of knowledge about communicable and non-communicable diseases and Family Welfare Programmes but nowadays their major function to creating awareness about COVID-19 only. They play vital role as an expert communicator and connecting link between masses and concerned medical authority at village level. They also co-ordinate with Education Department, social organisation like Nehru Yuva Kendra, and Social Welfare Department, rural based NGOs etc. hand in hand, to promote COVID-19 precautions and awareness.[5]

## **2. REVIEW OF LITERATURE**

Highlight in their study “Mental Health Problem and Social Media Exposure during COVID-19”. Major objective of this study was to examine association of mental health with exposure of social media during COVID pandemic. Researchers conducted cross-sectional study among more than 18 years age group from Jan. 31 to Feb.2, 2020. In this study 4872 participant of Wuhan, china was involved through on-line survey. They concluded that frequency of depression was 48.3%, anxiety was 22.6% and symptom of both was 19.4% among participants during pandemic. These finding highlighted that government need to pay more attention to mental health, anxiety among general masses. Another important point was to take necessary steps to combating infodemic during public health emergency.[1]

“Utility of Theory to Explain Village Doctors’ Willingness to Treat People Living with HIV in Rural China” explored to better understand Chinese village doctors beliefs about HIV by use of communication and behavior theory and treatment structures at grass root level. Researchers conducted surveyed among 228 villages of china to know about knowledge, beliefs and perceptions of rural doctors about HIV treatment and care. They concluded that hybrid theoretical and situational model can change rural masses and doctors attitudes towards HIV. This model is helpful to know about basic complications, obstacles and reasons behind gap of HIV related information. So researchers suggested to adaptation of theoretical and practical model of communication. [6]

“ Effects of Community Outreach Programme for Maternal Health and Family Planning in Tigray, Ethiopia” [7]address that awarness and knowledge level among reproductive age group 15-49 years about family planning, pregnancy, childbirth, maternal health, institutional

child birth and other health issues. Researcher's conducted this study on two villages Kihen and Mesanu of Tigray. They used cluster sampling method and collected response through questionnaire and interview. Especially researcher's developed 2.5 years long community based programme based on diffusion of innovation theory. They framed holistic health education based programme in which consisted health education for masses, professional health training to nurses, health workers, NGO etc. This research showed that significant increase in knowledge level and behavioral patterns of villagers regarding maternal health as well as family planning compared to previous situation. Another surprisingly point highlighted that after knowledgeable campaign institutional birth rate i.e. birth in the hospitals has increased from 10.8% to 93.5% among villagers. They concluded that effective health communication strategies helpful to increase education level as well as behaviour change regarding health issues especially in developing countries.[7]

“Information sources, awareness and preventive health behaviors in a population at risk of Arsenic exposure: The role of gender and social networks” explore the gender based awareness and preventive measures. This study was conducted Paracatu, largest open gold mine area in Brazil to explore the risk of Arsenic. Researcher's carried out this study between 2011 and 2013 and tried to know that Arsenic environmental contamination and human health risk assessment among men and women separately. They had organised semi-structured interviews with 460 participants included 294 women and 166 men on the basis of their social-demographic nature and collected some important information from trustworthy mass media. They came to know that awareness level of women regarding health risk is high compared to men. Women were associated with risk-reduction activities more but men not more bothered about risk measures. They concluded that gender based health promotion activities and strategies should be adopted. Researcher's discussed that the gender specific approaches can help in guiding the formulation and implementation of various health promotion campaign as well as health promotion programs.[8]

### **3. OBJECTIVES**

1. To understand Public health communication strategies of health workers during COVID-19.
2. To understand the medium for disseminating the health information during COVID-19.
3. To critically evaluate the effectiveness of communication in the COVID-19 awareness campaigns.

### **4. RESEARCH METHODOLOGY**

The present study has used qualitative method for an extensive review of health communication practices during the COVID-19 by the health workers of Jalandhar district of Punjab. To gather the in-depth and first-hand information researcher's adopted the interview as a tool of primary data collection. Hence, several interviews with the Health workers were conducted. The secondary data is collected through press release, newspaper clipping, relevant publishing material, annual report and credible official websites of health department of Punjab government.[2]

Presently, Chief Minister's Office (CMO) of Punjab and family welfare department of Government of Punjab jointly have launched so many initiatives to combat the situation of COVID-19. These awareness campaigns are implemented in all 22 districts of Punjab under the supervision of appointed authority. In Jalandhar district, there are 11 blocks and 142 villages. All COVID-19 related information disseminated at grass root level through social

agents and Health workers etc. Health workers have planned many communication strategies with opinion leaders like NGOs, Sarpanch and educational institutes' representatives under the leadership of District Commissioners.

### **Qualitative Data Analysis and Interpretations**

Researchers have collected primary data related to communication strategies of health workers through interview. Researchers analyzed that health workers adopt two-step and multi step theory of communication to reach grass root level. Health workers organize weekly meetings in linear way. At block level Female Multipurpose health worker (FMPHW) play important role for health literacy of COVID-19 in community. During this linear process of communication, Asha facilitators equaling to ANM who appointed as team leader of approx. 20 Accredited Social Health Activist (ASHA) workers at sub-centers. Sub-centers cover around 10 to 15 villages. This whole linear process disperses health literacy at grass root level with the help of ASHA workers through interpersonal communication methods. Health workers adopt group communication strategies through social learning and health belief model. In which they cultivate social beliefs and individual behavior with the help of opinion leaders.[9]

From the secondary data point of view, Health workers adopted agenda setting theory through all published materials like workers module, disease related pamphlets, flex, brochures that were distributed during health literacy programmes of COVID-19 in any community hall, school and religious places of village.

Government of Punjab has taken so many initiatives to tackle the situation of COVID-19. The details are following –

1. Government of Punjab has launched 'Lok Saanjhdaari Initiative' under which collective awareness campaigns to fight against COVID-19 pandemic. Under this initiative, health workers are creating mass awareness and precaution campaign with the guidance of District administration at village level through the involvement of youth, NGO and opinion leaders.
2. State government has set up COVID-19 Management group which framed the guidelines for health sector response, lockdown guidelines, relief for migrant workers, media and communication strategy etc.
3. Mobile clinics with test facility were launched at village level. Health workers motivate to villagers for testing and precaution measures.
4. Government launched COVID-19 Anti-stigma and Anti Discrimination campaign and implemented by health agents at lower level.
5. Punjab is one of the states which approve Plasma treatment for critical patients.
6. State government had launched House to House survey by ASHA, Aganwadi Workers and volunteers to know about exact situation.
7. Punjab government started ambitious Project '**Mission Fateh**'. It is the mission of the people, for the people and by the people. Health workers along with social agents are creating mass campaign about COVID-19 symptom, testing and precautions.
8. Punjab state was first state which launched Corona Virus Alert COVA app with geo-tagging and geo-fencing features on 9 March 2020 and circulated aggressively through mass campaign.
9. Recently government started Ghar Ghar Nigrani – Mobile app which specially designed for ASHA (Accredited Social Health Activist) workers and community volunteers, as a tool of early detection and testing of Corona virus.
10. E- Sanjeevani, online OPD is implementing for COVID patients across the state to connect with doctors' team through video conferencing.[10]

As a concern of communication strategy, health workers adopt traditional as well as digital methods also. They are social agents of governments at village level.

Government is using hybrid methods of communication such as Hoardings, posters, campaign song, IVRS and SMS, Radio Jingles, Press notes and advertisements on TV and newspapers as well as ground activities with the help of ASHA workers, NGOs, Sarpanches and educators etc. Health workers are organizing mass announcements in all religious places and public places of village and every Wednesday District Commissioners conduct a Facebook Live session on the Campaign.[2]

All these initiatives were for controlling, combating COVID-19. As from top to bottom of the health department are engaged in managing COVID-19, the other health communication (previously in practice) for different communicable and non-communicable diseases were affected. The first priority was on fighting the pandemic. On the other hand, even people with different ailments did not dare to venture to the hospitals in fear of getting infected by COVID-19. Some were opted for tele-medicines and online/telephonic counseling and consultations. Hence the major communication strategy for COVID-19 has affected the communication for other diseases.

## 5. CONCLUSIONS:

Health workers have adopted a linear approach in communicating the health related information to the masses. Though they organize several mass connect programmes, but unfortunately, the frequency of the follow-up is not available. Success of a communication lies with the consistency of the message and frequency to reach the audience. Social workers follow group communication strategies with the help of opinion leaders. They must engage opinion leaders from the public and must appoint volunteers in schools, involve NGO's and local artists to promote their campaigns. Health workers give information, health knowledge and health literacy as well as follow many communication channels for changing social beliefs and individual behavior. They used more traditional methods of communication rather than other medium.

### Recommendations

- Government should organize performance audit of health workers time to time.
- The ratio of health workers at village and sub-center level must be increased.
- Communication strategies of health workers through opinion leaders must check the efficacy of them for successful implementation of strategies
- Health workers should be given training on psychological relief and behavioral assessment of public.

## 6. REFERENCES

- [1] J. Gao *et al.*, "Mental health problems and social media exposure during COVID-19 outbreak," *PLoS One*, vol. 15, no. 4, pp. 1–10, 2020, doi: 10.1371/journal.pone.0231924.
- [2] Government Of Punjab, "Department Of Health And Family Welfare," *Online*, 2020. <http://health.punjab.gov.in> (accessed Dec. 08, 2020).
- [3] Government of India, "Ministry of Health and Family Welfare," *Online*, 2020. <https://mohfw.gov.in> (accessed Dec. 10, 2020).
- [4] N. Sharma, F. M. Nahak, and R. Kanozia, "Identifying the gaps of health communication research: A systematic review," *J. Content, Community Commun.*, vol. 10, no. 5, pp. 123–133, 2019, doi: 10.31620/JCCC.12.19/13.
- [5] N. Sharma and F. Mohan Nahak, "DRUG-ADDICTS AND THE PANDEMIC COVID-19: A STUDY OF THE COMMUNICATION PATTERNS IN SELECTED DE-ADDICTION CENTERS OF PUNJAB," 2020.

- [6] N. Yoshitake, M. Omori, M. Sugawara, K. Akishinonomiya, and S. Shimada, “Do health beliefs, personality traits, and interpersonal concerns predict TB prevention behavior among Japanese adults?,” *PLoS One*, vol. 14, no. 2, pp. 1–10, 2019, doi: 10.1371/journal.pone.0211728.
- [7] K. S. Bang, S. M. Chae, I. Lee, J. Yu, and J. Kim, “Effects of a Community Outreach Program for Maternal Health and Family Planning in Tigray, Ethiopia,” *Asian Nurs. Res. (Korean. Soc. Nurs. Sci.)*, vol. 12, no. 3, pp. 223–230, 2018, doi: 10.1016/j.anr.2018.08.007.
- [8] F. Mertens, R. Távora, E. Y. Nakano, and Z. C. Castilhos, “Information sources, awareness and preventive health behaviors in a population at risk of Arsenic exposure: The role of gender and social networks,” *PLoS One*, vol. 12, no. 10, pp. 1–14, 2017, doi: 10.1371/journal.pone.0186130.
- [9] N. Sharma, F. M. Nahak, and R. Kanozia, “Identifying the gaps of health communication research: A systematic review,” *J. Content, Community Commun.*, vol. 10, no. 5, pp. 123–133, 2019, doi: 10.31620/JCCC.12.19/13.
- [10] Government of India, “National Rural Health Mission,” *Online*, 2020. <https://mohfw.gov.in> (accessed Dec. 12, 2020).