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Editor's Office
A- 215, Moti Nagar,
Street No.7
Queens Road
Jaipur- 302021, Rajasthan,
India

E-mail:
www.ugcjournal@gmail.com
dr.kbsingh@yahoo.Com
professor.kbsingh@gmail.Com

मुख्य सम्पादक – डॉ. कृष्णबीर सिंह का मानद पद एवं कार्य पूर्णतः अवैतनिक है।
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Perceptions of the Efficacy of COVID-19 Health Communication Messages in India During the Early Phases of the Pandemic



***Dr. Jai Kishon Goswami **Dr. Yogesh Kumar Gupta**

*Assistant Professor, Amity School of Communication, Amity University Chhattisgarh, Raipur, CG

**Assistant Professor, Deptt. of New Media, Central University of Himachal Pradesh, Dharamshala, HP

ABSTRACT

Providing accurate and timely health communication messages is a challenge for world leaders under normal circumstances and is especially crucial during a world pandemic. The government of India conveyed the messages regarding Coronavirus through various mediums. This study explores applications of communication theory to provide insight as to how multiple constituencies in India perceive the effectiveness of health communication messages during the early phases of the COVID-19 Pandemic. India has not as significant an outbreak of COVID-19 when compared with other countries. This study seeks to identify perceptions of the best public health communication methods that were used during the early phase of the COVID-19 pandemic in India. The aim of the study is on how public health communications have been executed with withholding pivotal information to the nation. Health Communication mainly initiates a positive dialogue between health professionals, health communicators, and media professionals with one aim: making echo for health rights, health belief, health education, and health awareness at ground level. The research methodology employed interviews with media students, media teachers, media experts, and as well as with health professionals in India to establish their perceptions of the effectiveness of health communication messages used during the early stages of the COVID-19 crisis in India. Findings are presented and analyzed thematically.

Keywords: Communication Theory; COVID-19; Pandemic; Health Communication; India.

Introduction

Emerging infectious diseases have increased during the opening months of 2020 throughout the world. Velavan & Meyer (2020) note that the 2020 outbreak of Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Emerging from cases in December 2019 in the Capital of Hubei Province (Wuhan-China), the virus spread to various parts of the world. On 30th January 2020, the COVID-19 Outbreak was designated as a public

health emergency of global concern (Wilder-Smith et al., 2020). The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes (Wu et al., 2020). Communication is central to our everyday functioning and can be the very essence of the human condition (Berry, 2006). Communication not only fulfills the social need but also meets various physiological and survival needs of society (Varma & Verma, 2017). Mass mediated



communication is one of the key dimensions of the meta-narratives that explain the scholarly and practical expanse of communication. Health Communication comprises two words health and communication, which means communicating the health values by using effective means of communication to generate collective consensus among masses (Nishiuchi et al., 2016; Stacey et al., 2015). Health Communication mainly initiates a positive dialogue between health professionals, health communicators and media professionals with one aim: making echo for health rights, health belief, health education and health awareness at ground level (Kozel et al., 2006; Scheirer et al., 2017; Starmann et al., 2018).

Health Communication discipline mainly aims to pump up public health campaigns to initiate favorable health rhetoric. The key strategy of health communication is to inform the masses about health issues, challenges, and opportunities, mainly focusing on two approaches, mass media & interpersonal campaigning through health educators, health workers, and NGOs (Glanz & Bishop, 2010; Llamas & Mayhew, 2016). Health Communication is one such domain that has firmly integrated itself into the mediated context, both structurally and functionally.

The objective of health communication is to disseminate health information and knowledge among individuals as well as society by improving health literacy (Sharma et al., 2019). The Centers for Disease Control and Prevention (CDC) define Health Communication as the study and use of public health communication strategies to inform and influence individual and community decisions that enhance health (Schiavo, 2013; Thomas, 2006). As health issues have become more pressing in society, the interest in health communication and the roles of health communication scholars and practitioners are certain to increase (Harrington, 2014).

Health authorities should be strategic in times of health crises such as disease outbreaks to contain situations that can cause confusion and chaos. It is particularly important in the social media era where any citizen can be a producer and disseminator of news content, which can prove to be disastrous through the spread of fake news,

therefore, causing panic. Social media platforms are potent in terms of distribution, like WhatsApp after WhatsApp and E-mail (Kabha et al., 2019). Mass media not only helps the message to reach the local audience but also plays an essential role in gaining the attention of opinion makers, politicians, government regulators, and community leaders. Mass media, also recognized as a gatekeeper, plays its part in, alerting the public to what is essential with a focus on accuracy and relevancy. This is done through media framing, by which mass media sets the tone through which the public will view the message (Malecki et al., 2020; Villar & Marsh, 2019).

At the outbreak of the COVID-19 pandemic, the World Health Organization (WHO) and governments of countries took this health disaster seriously. They went into overdrive disseminating all requisite information about the virus. The Union Government of India, on 3rd February 2020, setup a Group of Ministers (GoM) to monitor the situation led by Health Minister *Harsh Vardhan*. Even though the WHO had not declared COVID-19 a pandemic, it had asked countries to remain prepared. India initiated the required preparedness and action at the field level on 17th January, much before the advice from the WHO (Seetharaman & Katiyar, 2020).

The Government of India confirmed that India's first case of Coronavirus disease 2019 on 30th January 2020 in the state of *Kerala*, when a university student from Wuhan traveled back to the state (Ward, 2020). India had the immediate action as the *Janata* curfew was a 14-hour curfew (7 am-9 pm) that was scheduled for 22nd March 2020, before the total lockdown announced by the Prime Minister of India (Bhasin, 2020). Everyone except people of 'essential services' such as police, medical services, media, home delivery professionals, and firefighters were needed to take part in the curfew.

All citizens of India were asked to stand in their doorways, balconies or windows, and clap their hands or ring their bells in appreciation for the professionals delivering these essential services at 5 pm on 22nd March 2020 (*21-Day Lockdown in Entire India to Fight Coronavirus, Announces PM Narendra Modi - India News*, 2020). As per



the PM's speech (*PM Modi Speech on Coronavirus Highlights: Janata Curfew on Sunday, Avoid Panic Buying*, 2020), people belonging to the National Cadet Corps (NCC) and National Service Scheme (NSS) were to enforce the curfew in the country. The Prime Minister also urged the youth to inform ten others about *Janata* curfew and encourage everyone to observe the curfew. At the end of the curfew, *Modi* had said: "Janata Curfew is just the beginning of a long battle against COVID-19".

Following this while addressing the nation second time, on 24th March, he announced the nationwide lockdown from midnight of that day, for 21 days (BBC, 2020). He said that the only solution to control the spread of Coronavirus is breaking the cycle of transmission by social distancing. He also added that the lockdown would be enforced more strictly than the *Janata* Curfew (*21-Day Lockdown in Entire India to Fight Coronavirus, Announces PM Narendra Modi - India News*, 2020). On the first day of the lockdown, nearly all services and factories were suspended (Singh et al., 2020).

Education International organization tracks the country-wide school closures in 188 countries that impacted all the learners worldwide. The learners have moved to e-learning. Vedantu supports to provide online learning in a time of COVID-19 (Maichel et al., 2020). The Government held meetings with e-commerce websites and vendors to ensure a seamless supply of essential goods across the nation during the lockdown period. Several states announced relief funds for the poor and affected people while the central Government was finalizing a stimulus package (*Rs 2.3 Trillion for 1.3 Billion: Govt to Announce Stimulus Package to Fight Coronavirus, Says Report - India News*, 2020).

On 14th April, Prime Minister *Narendra Modi* extended the nationwide lockdown till 3rd May, with a conditional relaxation after 20th April for the regions where the spread has been contained. He said that every town, every police station area and every state would be carefully evaluated to see if it has contained the spread. The areas that we're able to do so would be released from the lockdown on 20th April. If any new cases

emerge in those areas, lockdown could be re-imposed (Dutta, 2020). India has logged 60,963 cases of Coronavirus in the last 24 hours, with 834 deaths, the Union Health Ministry said on Wednesday morning. The total number of cases in the country has now shot up to 23,29,638 with 46,091 deaths. A total of 16,39,599 COVID-19 patients have recovered from the infection, taking the recovery rate to 70.37 per cent, the ministry said today.

In India, the country's COVID-19 mortality rate dropped below 2 per cent for the first time since the first lockdown, as on 12th August 2020. India's mortality rate has fallen to 1.99 per cent. According to the ICMR, a cumulative total of 2,60,15,297 samples have been tested up to 11th August with 7,33,449 samples being tested on Tuesday. The health ministry stressed that more than 70 per cent of the deaths occurred due to comorbidities (Pundir & Marwaha, 2020).

This study analysis how the Government of India has made health communication during pandemic situations in the context of India in the face of the Coronavirus (COVID-19) pandemic. The study looked at how the Government of India authorities has been handling the situation since the initial announcement of the outbreak of COVID-19 in China in November 2019 by global media outlets. The study explored how effectively India has communicated this disaster. It has been analyzed through interviews with health professionals and communication experts. The research is qualitative as the focus was on answering how best to handle the situation through communications by health authorities in the country. Findings were presented and analyzed qualitatively.

Objectives of the Study

The government of India has set up the best way to inform society on the causes and effects of COVID-19 timeously and honestly so that they are engaged sufficiently to combat the spread and impacts of the widespread in India. The objective of the study analysis the perceptions of citizens of India about the preparation by the government and its officials to combat the situation.

Theoretical Framework

Audience theory is an element of thinking that developed within academic literary theory and cultural studies. The study is framed and informed by the Magic Bullet Theory of communication. As per Berger, (1995), the intended message is directly received and wholly accepted by the receiver. The “Magic Bullet” theory graphically assumes that the media’s message is a bullet fired from the “media gun” into the viewer’s “head” (Berger, 1995). Harold Lasswell introduced the magic bullet/hypodermic needle theory in the 1920s. Initially, the model was set up as a counter-theory to reject what is known as the so-called hypodermic needle model or magic bullet theory, which holds that media messages are directly received and consumed by audiences (Lasswell, 1972; Rensmann, 2016). Wroblewski, (2018), assumes that the media create messages with a specific purpose- that is, to elicit a particular response. People react in the same manner to the news.

The effects of the media’s “bullets” or “syringes” are immediate and powerful, often resulting in swift behavioral changes. This is a theory that can best inform the formulation of a communication model by Indian authorities that facilitated quick dissemination and quick responses to health communications in dire situations such as the outbreak of the COVID-19 pandemic.

Literature Review

A theory explains realities based on objective and sustained observation, and it merely says why things happen in specific ways. Theories are simplified and often partial explanations of complex social reality, a natural or social behavior, event, or phenomenon (B., n.d.). The bullet theory postulates that the media (needle) injects the message into the audience’s mind hence causes changes in audience behavior and psyche towards the message. This theory, therefore, refers to mass media audience members as passive and thus at the mercy of mass media contents. It, therefore, holds that persuasive media contents achieve the desired attitudinal change from the target audience (Griffin et al., 2000).

The “Panic broadcast” incident used to support Hypodermic Needle Theory was re-

evaluated and declared to show diverse reactions among listeners. H. G. Wells’ play “War of the Worlds” was being broadcasted as a radio drama in 1938 as a Halloween episode, directed by Orson Welles. The play was assumed as a news bulletin by the Citizens, which caused an immense panic to millions of people (*Hypodermic Needle Theory – Communication Studies*, 2017).

Similarly, in the Second World War, the German leaders used the movie industry to show their power in the world and unify the people for war in the 1940s. Later, the U.S. also used their own movie industry to create a negative image of the Germans and portray them as evil. They justified their actions to their own people with the help of the media. News is often biased and exaggerating, too (Bajracharya, 2018).

In August 2014, a viral message on social media said that drinking or bathing with saltwater could prevent the spread of the Ebola virus (Aliyu & Nanlong, 2014). Several persons were feared dead with many more hospitalized in various hospitals in Nigeria after consuming excessive quantity of salt and bitter kola to prevent the Ebola Virus Disease (EVD) attack. (Nwabueze & Okonkwo, 2018) writes that the Federal Government had to go on air advising Nigerians to disregard the text message and postings on social media that hot water and salt may be used to prevent Ebola infection and cure infected persons. This on-air advice by Federal Govt. was used as a Magic Bullet to control down the situation.

Health communication is defined by (Feeley & Chen, 2013), citing the U.S. Department of Health and Human Services as the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. The crux of health communication is to disseminate information on disease prevention, health promotion, health care policy, and the essentials of health care and enhancement of the quality of life and health of individuals within communities.

The purpose of disseminating health information is to influence personal health choices by improving health literacy. Because effective health communication must be tailored for the audience and the situation (Beato & Telfer, 2010), research into health communication seeks to refine



communication strategies to inform people about ways to enhance health or to avoid specific health risks (*Health Communication Basics | Gateway to Health Communication | CDC, n.d.*).

Health Communication is crucial for disease prevention. (Rimal & Lapinski, 2009) say that communication is the core of who we are as human beings as it, apart from being our way of exchanging information, signifies our symbolic capability. Concerning the transmission view, which this study perceives as the best suited for the communication of COVID-19 information to India in the 2020 health crisis, Rimal & Lapinski, (2009) emphasize that careful thought ought to be invested into the channels through which intervention messages are disseminated, to whom the message is attributed, how audience members respond and the features of messages that have the greatest impact.

This study instigates the effectiveness of the connection made by the Government of India regarding health communication and attempts to answer the following queries. How do media students perceive the effectiveness of the Indian Government's dissemination of health communication messages during March 2020? How do media teachers perceive the effectiveness of the Indian Government's dissemination of health communication messages during March 2020? How do media experts perceive the effectiveness of the Indian Government's dissemination of health communication messages during March 2020? And, how do health professionals perceive the effectiveness of the Indian Government's dissemination of health communication messages during March 2020?

Method

Qualitative methods for gathering, presentation, and analysis of the findings were therefore used. There are a variety of ways of data collection in qualitative research, including observations, textual or visual analysis, and interviews (Silverman, 2017). In this study, qualitative research was adopted because it takes place in the natural setting, is interactive, humanistic, and fundamentally interpretive (Creswell, 2007). In a qualitative interview, ethical questions should

be open-ended, neutral, sensitive, and understandable (Mays & Pope, 2000). The researcher carried out interviews telephonically with different sources, with WhatsApp being used primarily for the interviews. Convenience sampling was used to select interviews. As per Gill et al., (2008), interviews can be used to explore the views, experiences, beliefs, and motivations of individual participants. Etikan, (2016) explain that convenience sampling is a type of nonprobability or non-random sampling where members of the target population that meet specific practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study.

The researcher has used purposive sampling to collect the data. The media has always played a vital role in the dissemination of information. Therefore, on the basis of media and information access and its utilization, the sample of twenty-five undergraduate and post-graduate media students, twenty-five media teachers, twenty-five media experts, and twenty-five health professionals, including a psychologist, and physical & mental trainers, in total one hundred informants have been taken. The data was collected in the initial stage of the pandemic, i.e., in March 2020 in India. All the informants were from the different states of India. This was done in an effort to get perceptions and opinions on government communications' effectiveness on a nationwide scale.

Results

From Media Students:

Media students were asked their percipient for the effectiveness of the Indian Government's dissemination of health communication messages during March 2020. Students opined that public health communication in India is apparently and one dimensional that successfully proved after PM's call for '*Janta Curfew*' (Public Curfew, a curfew by self). Students replied that the PM's address to the nation was very crystal clear for all the people of the country. His information about the Pandemic and report day-by-day was informative and appreciable. The use of social media platforms like Twitter, Facebook, *NaMo* Application was more effective for the mass information. The direct

dialogues with politicians, civil officials, and also the entire government agencies were adequate for the lives of the nation. It gave the general public a chance to engage back and get the authentic facts and figures from the personalities itself.

Some students informed that the information so provided by the Government are the only reliable source, in this period of crisis. News channels, E-News and, Newsletters are the medium through which the Government is delivering the information. The govt. has countered much fake news regarding Covid-19, which is being circulated on social media. Taking this in concern, the Government of India and states have created apps and designed websites, where all the news regarding the current scenario is being updated continuously with verified sources.

The flow of information is very unidirectional; i.e., people are getting information directly from Government and media. The Government has also made zonal helpline branches, where the information regarding Covid-19 (symptoms, treatment, and prevention) can be known by any individual who wishes to know. A student replied, "being a media student; I can say that the Government in this issue of COVID-19 today is communicating correct pieces of information, facts, and current happenings at a fast pace through Twitter and the television news channels are also providing due coverage to this. Several students said that the Government has been using every means of public health communication actively since the very beginning.

We started receiving messages from telecom companies, news advertisements, billboards, and even text messages from the Government itself. The use of social media to spread the news has been extensive, and daily health bulletins on the news channels about the condition have contributed a lot. Whereas, some students told that the Government's information has been useful in real sense.

The World Health Organization (WHO) conveys authentic facts regarding Coronavirus situations worldwide, like the spread of the virus, its speed, the recovery rate of patients, etc. information, and it is brought into consideration by people through television news channels or social

media. The Government is doing possibly as much as they can. In a trying situation such as these, the easy and timely availability of information to anyone and everyone is a priority. Through their public service announcements and consistent public health communication with the masses through television, radio, and social media Government has managed to the larger masses quite effectively.

It is a commendable effort by the Government, both central and state of being able to convey their message and vital information for all sections of society, including children. However, some students have informed that the fake news has been a challenge for the Government, where misinformation and rumors about the pandemic have put the people in a dilemma. In conclusion, obviously, it is a continuous process, and there will be glitches, but whatever the Government has achieved so far is no small feat in itself.

From Media Teachers:

Media teachers were asked their percipient for the effectiveness of the Indian Government's dissemination of health public health communication messages during March 2020. One media teacher said that the Government is doing enough to combat the COVID-19 pandemic. He told how Govt. is seamlessly screening thousands of passengers for Coronavirus on arrival at Indian Airports. One educator praised the efforts and the directives of the Indian Government regarding issuing orders to extend thermal screening to all passengers arriving at international airports on 3rd March 2020. Although it was earlier restricted to travelers from 12 countries.

All passengers landing in India also had to submit two self-declaration forms with personal information and details of the countries they had traveled in the last two weeks. One informed told about the screening systems at airports across India, guidelines of Airport Authority of India (AAI) to all 23 International Airports in India, and sanitization of all flights. One educator praised the efforts of the Government to recover more and more Indian tourists and students from other countries. In the directives of the Central Government, the national carrier Air India has always been at the forefront to augment the efforts of the Government in times



of national calamities. He quoted the applaud by The Hon'ble President of India and Prime Minister of India the ongoing evacuation of fellow citizens from affected countries by team Air India.

An educator told about that the Finance Minister of India, *Nirmala Sitaraman's* COVID-19 relief package rightly builds on food rations, as well as cash transfers. The food-related measures are welcomed mainly, including the doubling of food grain rations for an initial period of three months, and the addition of pulses to the public distribution system (PDS). He also mentioned that many poor people are still excluded from the PDS because the Government is again using 2011 population figures to calculate state-wise PDS coverage under the National Food Security Act. The unsurprisingly, the Rs. 1.7 lakh crore package focuses almost exclusively on assisting different vulnerable groups in both rural and urban India.

Another media teacher replied that the identification of hotspots was an emerging concept which changes based on inputs and data of virus spread. The Government is ensuring that these spots are effectively monitored so that the virus does not spread. If the Government feels that even a single case can be the possibility of a broader spread in the area. He told me that the Government is continuously identifying emerging "hotspots" of Covid-19 infection and employing a rigorous cluster containment strategy. Further, he added that as India is dealing with an infectious disease, so the Government does not mishandle even a single case. Some of the media educators replied that closing all educational institutions, including schools, colleges, universities, and research centers due to nationwide lockdown, may be harmful in the long term. This may affect the academic year as most of the universities are having the end of the academic session, whereas some schools were busy conducting final exams. While summing-up, she replied that this lockdown must be needed indeed for maintaining social distancing and fighting against Coronavirus.

From Media Experts:

Media experts were asked their percipient for the effectiveness of the Indian Government's dissemination of health communication messages

during March 2020. A media expert from the private sector opined that Govt. of India made a declaration through the statement issued by the prime minister and the ministry of health on the fight against the spread of COVID-19 and declared a state of lockdown throughout the country, it was unfortunate that India was not ready with precautionary measures in some of the places.

Although, he went on to say no lack of informative and educative public health communications on the virus leaves citizens uninformed. He also pointed out that efforts were made to train journalists on proper ways of information dissemination and that health centers and even their personnel were well informed about the virus. One journalist said that the Government of India was doing enough communication in the face of the pandemic, considering that this was the first time the authorities were dealing with such a phenomenon. She went on to say the response by the Government was timely because any earlier pronouncements on the way forward could have caused the unnecessary panic situation. She also praised the Government's work on preparations for places of quarantine and conversion of railway coaches as an isolation ward. All the media experts congratulated Prime Minister Narendra Modi's address to the nation on the coronavirus pandemic, since he had addressed four times up to mid of March 2020.

A journalist replied that India had started screening travelers coming in from Corona affected countries at airports long before we had even a single case of Corona. India had made 14-day isolation mandatory for all international passengers much before the number of Corona patients reached 100. All the malls, clubs, and gyms were shut down in many places. When India had only 550 Corona cases, then itself PM of India had taken the big step of a 21-day complete lockdown. He added that in the leadership of Narendra Modi, India had arranged more than 1 Lakh beds with more than 600 hospitals fully dedicated to COVID-19 treatment.

A media expert replied that the press conference by the Ministry of Health and Family Welfare, Govt. of India via Press Information Bureau on a daily basis, had been a commendable

task. It is the health communication made based on the daily report, hosted mostly in the evenings. He added that Prime Minister has been organizing virtual meetings to strategize ahead to for tackling COVID-19. He has conducted visual conferences with Chief Ministers of the states of India, Scientists, Doctors, Cricketers, Ministers, and leaders of opposition parties and others. His leadership for the video conference of SAARC leaders on combating COVID-19.

A journalist told that the Indian Government had launched a coronavirus tracking application naming *Aarogya Setu*, which translates as 'a bridge of health.' This has been designed to provide citizens with information about the pandemic and has been used by more than 50 million people till 25th March 2020. This has been launched by the Ministry of Electronics and Information Technology and created in partnership with private sector companies. The applications use the Artificial Intelligence system behind app users' mobile phone location and Bluetooth data to assess whether they've been within six feet of a person infected with COVID-19. The application is available in 11 languages, and the Government hopes the app will help to limit the spread of the virus.

From Health Professionals:

Health professionals were asked their percipient for the effectiveness of the Indian Government's dissemination of health communication messages during March 2020. The Government is communicating about the various symptoms of Coronavirus and how it can be prevented, through multiple mediums. As per the instructions of mayors of municipal corporations, garbage collectors are also taking precautions of the virus. It has been informed by the Government to wear masks, wash hands frequently at least for 20 seconds, and to stay inside the home. This has helped us all health professionals to fight against Corona very effectively. The information regarding social distancing, use of hand-sanitizer has reached to the masses effectively and efficiently by the announcements of Government. Self-protection, precautionary measures have been disseminated through different mediums.

A health professional said that Prime Minister himself has urged in his address to the nation for self-protection, to clean hands with soap and water, or an alcohol-based hand rub, maintaining a safe distance from anyone who is coughing or sneezing, not to touch eyes, nose or mouth, to cover nose and mouth with a bent elbow or tissue while coughing or sneezing and to stay home.

A doctor replied since the breakout of Coronavirus, the Government communication systems to the people has been very effective, making sure the information is accessible to everyone. The idea of making sure that test kits, masks, and gloves are not being wasted is something new to spread awareness via platforms where a person can make sure to detect if they are affected or not. The fact through make in India, people are also making reusable masks at home that itself is a good thought. It not only saves money, but the disposal of such medical masks and gloves, if not disposed of properly, will only increase the spread of Coronavirus.

A health professional replied to the information provided in every single address by the Prime Minister of India, regular updates regarding the number of active, deceased, and recovered people through the web, requesting celebrities to communicate to mass, and many efforts like these out a significant effect in this crucial situation. The positivity spread across the nation is proof of excellent communication via various mediums by the Government.

Many of the professionals appreciated the kindness of Mr. *Narendra Modi* in the process of supplying anti-malarial drug Hydroxychloroquine. After this Corona outbreak, PM had banned the export of the drug. But, India lifted the ban on the export of the drug last week, nearly two weeks after imposing a ban on its trading. It is being supplied to India's neighbor counties except for Pakistan since no demand, United States of America, United Kingdom, and other more than 50 coronavirus-hit countries.

Discussions

From the findings above, the Government of India communicates the COVID-19 threat to the nation accurately. Although crises and disasters



are not pre-informed, this Pandemic has proved the communication strategies for handling this effectively by the Govt. of India in the leadership of Prime Minister *Narendra Modi*. The combined use of social media like Twitter, Facebook, text messages, and the use of IT-enabled mobile applications, the use of electronic, print, and digital media is helping to the dissemination of the official governments. The firm revolution of the Prime Minister has motivated the people of the nation to stand together. National applause for coronavirus health workers with the clap, whistle, and ring on the call of PM *Modi's* to thank those working 24 hours during the Covind-19 outbreak. The communities that do not have access to newspapers, radio, television, and the Internet are also being served food and cared adequately by the local authorities. Thus it has shown the excellent leadership of Prime Minister. India stands together in humankind's war against Corona.

Conclusion

The study has contributed to the awareness of health communication for society. The study established the reporting perceptions of efficacy that various groups in India have regarding the transmission of health communication information.

The research found that health communication's focus is on educating and informing society on health-related issues. The study also advises that the best communication theory to inform strategy for communicating disease outbreaks of the magnitude of COVID-19 by country like India is the Magic Bullet Theory in order to channel out as much useful information to the whole country as fast as possible. The study established that the Indian Government has an apparent cut communication strategy in the face of the pandemic that helps properly to inform society about the pandemic.

Limitation and Suggestions

The data was collected through the questionnaire via the online medium due to the lockdown in the country. The researcher couldn't get more informants for the data collection due to the nature of data collection as a limitation in the study. The study has attempted to get the perception in the initial stage of the lockdown due to the pandemic. In suggestion for further study, the researcher can communicate with a large sample size for the data collection. The questionnaire can be share directly from the audience for the timely conduction of research.

REFERENCE

- 21-day lockdown in entire India to fight Coronavirus, announces PM Narendra Modi - India News. (2020, 24th March). India Today Web Desk. <https://www.indiatoday.in/india/story/india-lockdown-pm-narendra-modi-speech-coronavirus-1659266-2020-03-24>
- Aliyu, A., & Nanlong, marie T. (2014, 8th August). *Ebola: Two dead, 20 others hospitalised over excessive salt consumption* - Vanguard News. <https://www.vanguardngr.com/2014/08/ebola-two-die-drinking-salt-water-jos/>
- B., P. (n.d.). *Chapter 4 Theories in Scientific Research | Research Methods for the Social Sciences*. Lumen Learning. Retrieved 31st May 2020, from https://courses.lumenlearning.com/suny-hccc-research-methods/chapter/chapter-4-theories-in-scientific-research/#ftnt_ref2
- Bajracharya, S. (2018, 7th January). *Hypodermic Needle Theory of Communication - Businessstopia*. Hypodermic Needle Theory of Communication. <https://www.businessstopia.net/mass-communication/hypodermic-needle-theory-communication>

- BBC. (2020, 25th March). *Coronavirus: India enters 'total lockdown' after spike in cases - BBC News*. BBC. <https://www.bbc.com/news/world-asia-india-52024239>
- Beato, R. R., & Telfer, J. (2010). Communication as an essential component of environmental health science. *Journal of Environmental Health*.
- Berger, A. A. (1995). *Essentials of Mass Communication Theory* | SAGE India. <https://in.sagepub.com/en-in/sas/essentials-of-mass-communication-theory/book5091>
- Berry, D. (2006). *Health Communication: Theory and Practice*. Open University Press.
- Bhasin, S. (2020, 23rd March). *UP Officials Seen With Crowd Amid Janata Curfew. Then A Clarification*. NDTV. <https://www.ndtv.com/india-news/up-officials-seen-with-crowd-amid-janata-curfew-then-a-clarification-2198993>
- Creswell, J. W. (2007). Qualitative enquiry & research design, choosing among five approaches. In *Book*. <https://doi.org/10.1016/j.aenj.2008.02.005>
- Dutta, P. K. (2020, 14th April). *In coronavirus lockdown extension, Modi wields stick, offers carrot on exit route - Coronavirus Outbreak News*. <https://www.indiatoday.in/coronavirus-outbreak/story/in-coronavirus-lockdown-extension-modi-wields-stick-offers-carrot-on-exit-route-1666741-2020-04-14>
- Etikan, I. (2016). Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics*. <https://doi.org/10.11648/j.ajtas.20160501.11>
- Feeley, T. H., & Chen, C. (2013). An Introduction to Health. *An Introduction to Health Communication, September 2013*. <https://doi.org/10.4324/9781315843421>
- Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal*. <https://doi.org/10.1038/bdj.2008.192>
- Glanz, K., & Bishop, D. B. (2010). The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions. *Annual Review of Public Health*. <https://doi.org/10.1146/annurev.publhealth.012809.103604>
- Griffin, E., Ledbetter, A., & Sparks, G. (2000). *A First Look at Communication Theory 9th Edition by Em Griffin*. https://pdf4colleges.com/A-First-Look-at-Communication-Theory-9th-Edition-p201013166?gclid=CjwKCAjwq832BRA5EiwACvCWsa358qFxxgVF1v1759Ar2xnHucU6TE-Sv4Ik7Ffyu7sAKOBapZNxvhhoCKX4QAvD_BwE
- Harrington, N. G. (2014). *Health Communication: Theory, Method, and Application*. Routledge. <https://www.routledge.com/Health-Communication-Theory-Method-and-Application-1st-Edition/Harrington/p/book/9780415824545>
- Health Communication Basics* | Gateway to Health Communication | CDC. (n.d.). Retrieved 31st May 2020, from <https://www.cdc.gov/healthcommunication/healthbasics/WhatIsHC.html>
- Hypodermic Needle Theory – Communication Studies*. (n.d.). Communication Studies. Retrieved 31st May 2020, from <https://www.communicationstudies.com/communication-theories/hypodermic-needle-theory>
- Kabha, D. R., Kamel, D. A., Elbahi, D. M., & Narula, D. S. (2019). Comparison Study between the UAE, the UK, and India in Dealing with WhatsApp Fake News. *Journal of Content, Community and Communication*, 10. <https://doi.org/10.31620/jccc.12.19/18>
- Kozel, C. T., Kane, W. M., Hatcher, M. T., Hubbell, A. P., Dearing, J. W., Forster-Cox, S., Thompson, S., Pérez, F. G., & Goodman, M. (2006). Introducing Health Promotion Agenda-Setting for Health Education Practitioners. *Californian Journal of Health Promotion*, 4(1), 32–40. <https://doi.org/10.32398/cjhp.v4i1.730>
- Lasswell, H. D. (1972). *Propaganda technique in the World War* / by Harold D. Lasswell. With a new introd. for the Garland ed. by Harold D. Lasswell. - Version details - Trove. <https://trove.nla.gov.au/work/10304823?selectedversion=NBD575580>



- Llamas, A., & Mayhew, S. (2016). The emergence of the vertical birth in Ecuador: An analysis of agenda setting and policy windows for intercultural health. *Health Policy and Planning*. <https://doi.org/10.1093/heapol/czv118>
- Maichel, C., Marta, D. R. F., Haryono, D. C. G., Fernando, J., & Goswami, J. K. (2020). *EXPLORING ONLINE NEWS AS COMPARATIVE STUDY BETWEEN VENDATU AT INDIA AND RUANGGURU FROM INDONESIA IN COVID-19*. 11, 167–176. <https://doi.org/10.31620/JCCC.06.20/13>
- Malecki, K., Keating, J. A., & Safdar, N. (2020). Crisis Communication and Public Perception of COVID-19 Risk in the Era of Social Media. *Clinical Infectious Diseases*. <https://doi.org/10.1093/cid/ciaa758>
- Mays, N., & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research. In *British Medical Journal*. <https://doi.org/10.1136/bmj.320.7226.50>
- Nishiuchi, H., Taguri, M., & Ishikawa, Y. (2016). Using a marginal structural model to design a theory-based mass media campaign. *PLoS ONE*. <https://doi.org/10.1371/journal.pone.0158328>
- Nwabueze, C., & Okonkwo, E. (2018). Rethinking the Bullet Theory in the Digital Age. *International Journal of Media, Journalism and Mass Communications*, 4(2), 1–10. <https://doi.org/10.20431/2454-9479.0402001>
- PM Modi Speech on Coronavirus Highlights: Janata Curfew on Sunday, Avoid Panic Buying*. (2020, 19th March). <https://www.news18.com/news/india/pm-modi-speech-on-coronavirus-highlights-janata-curfew-on-sunday-avoid-panic-buying-2543315.html>
- Pundir, D., & Marwaha, N. (2020, 13th August). *Coronavirus India Live News Update: India COVID-19 Cases Cross 23 Lakh-Mark, Over 70% Recovery Rate*. Ndtc.Com. <https://www.ndtv.com/india-news/coronavirus-india-live-news-updates-new-covid-19-cases-53-601-on-12-august-2020-2278062>
- Rensmann, L. (2016, March). *Max Horkheimer / Theodor W. Adorno: Dialectic of the Enlightenment. Philosophical fragments, Querido: Amsterdam 1947, 275 pages (cited in the new edition 1969) | Request PDF*. https://www.researchgate.net/publication/33550179_Max_Horkheimer_and_Theodor_W_Adorno_Dialectic_of_Enlightenment_Querido_Amsterdam_1947_275_S_in_d_r_Naagde_199
- Rimal, R. N., & Lapinski, M. K. (2009). Why health communication is important in public health. In *Bulletin of the World Health Organization*. <https://doi.org/10.2471/BLT.08.056713>
- Rs 2.3 trillion for 1.3 billion: Govt to announce stimulus package to fight Coronavirus, says report - India News*. (2020, 25th March). <https://www.indiatoday.in/india/story/coronavirus-stimulus-package-for-businesses-poor-modi-govt-1659698-2020-03-25>
- Scheirer, M. A., Santos, S. L. Z., Tagai, E. K., Bowie, J., Slade, J., Carter, R., & Holt, C. L. (2017). Dimensions of sustainability for a health communication intervention in African American churches: A multi-methods study. *Implementation Science*, 12(1), 1–12. <https://doi.org/10.1186/s13012-017-0576-x>
- Schiavo, R. (2013). *Health Communication: From Theory to Practice*. Jossey-Bass.
- Seetharaman, G., & Katiyar, P. (2020, 8th March). *Countering Covid-19: Centre and states marshal their resources for a quick and effective response - The Economic Times*. <https://economictimes.indiatimes.com/news/politics-and-nation/countering-covid-19-how-the-centre-and-states-are-marshalling-their-resources-for-a-quick-and-effective-response/articleshow/74531368.cms>
- Sharma, N., Nahak, D. F. M., & Kanozia, D. R. (2019). Identifying the Gaps of Health Communication Research: A Systematic Review. *Journal of Content, Community and Communication*, 10(9). <https://doi.org/10.31620/jccc.12.19/13>
- Silverman, D. (2017, November). *Doing Qualitative Research | SAGE India*. SAGE Publications Ltd. <https://in.sagepub.com/en-in/sas/doing-qualitative-research/book251108>

Singh, K. D., Goel, V., Kumar, H., & Gettleman, J. (2020, 28th April). *India, Day 1: World's Largest Coronavirus Lockdown Begins - The New York Times*. <https://www.nytimes.com/2020/03/25/world/asia/india-lockdown-coronavirus.html>

Stacey, F. G., James, E. L., Chapman, K., Courneya, K. S., & Lubans, D. R. (2015). A systematic review and meta-analysis of social cognitive theory-based physical activity and/or nutrition behavior change interventions for cancer survivors. *Journal of Cancer Survivorship*, 9(2), 305–338. <https://doi.org/10.1007/s11764-014-0413-z>

Starmann, E., Heise, L., Kyegombe, N., Devries, K., Abramsky, T., Michau, L., Musuya, T., Watts, C., & Collumbien, M. (2018). Examining diffusion to understand the how of SASA!, a violence against women and HIV prevention intervention in Uganda. *BMC Public Health*. <https://doi.org/10.1186/s12889-018-5508-4>

Thomas, R. K. (2006). Health Communication. In *Health Communication*. Springer US. https://doi.org/10.1007/0-387-26116-8_1

Varma, M., & Verma, A. (2017). Rural development and channels of grass root communication: With reference to health information. *Journal of Content, Community and Communication*.

Velavan, T. P., & Meyer, C. G. (2020). The COVID-19 epidemic. In *Tropical Medicine and International Health*. <https://doi.org/10.1111/tmi.13383>

Villar, M. E., & Marsh, E. (2019). Social media and infectious disease perceptions in a multicultural society. In *Media Controversy: Breakthroughs in Research and Practice*. <https://doi.org/10.4018/978-1-5225-9869-5.ch038>

Ward, A. (2020, 24th March). *India's coronavirus lockdown and looming crisis, explained - Vox*. <https://www.vox.com/2020/3/24/21190868/coronavirus-india-modi-lockdown-kashmir>

Wilder-Smith, A., Chiew, C. J., & Lee, V. J. (2020). Can we contain the COVID-19 outbreak with the same measures as for SARS? In *The Lancet Infectious Diseases*. [https://doi.org/10.1016/S1473-3099\(20\)30129-8](https://doi.org/10.1016/S1473-3099(20)30129-8)

Wroblewski, M. T. (2018, 13th December). *What is the Magic Bullet Theory of Mass Media? | Small Business - Chron.com*. <https://smallbusiness.chron.com/magic-bullet-theory-mass-media-3346.html>

Wu, Y.-C., Chen, C.-S., & Chan, Y.-J. (2020). Overview of The 2019 Novel Coronavirus (2019-nCoV). *Journal of the Chinese Medical Association*. <https://doi.org/10.1097/jcma.0000000000000270>

