

# HEALTH LITERACY THE SECOND WAVE OF COVID-19 AND OUR ENIGMATIC INTUITION!

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## Background

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” (1). 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. Health literacy is a part of health promotion under preventive medicine, which is mostly a neglected area, especially in the context of India. When we follow the business model (U.S.) of health care in India, instead of the welfare model, it is quite natural that when a disaster-like situation arises, the health system collapses like a fragile object (2).

## The Problem

In our previous article, entitled “Importance of effective communication during COVID-19 Infodemic –

How much are we prepared? A Reality Check” (3), published in the *Journal of Family Medicine and*

*Primary Care*, we tried to support the argument of suboptimal levels of health literacy among the Indian population by giving examples from the current ongoing pandemic of COVID-19. Social scientists and public health experts were in a tough situation to understand how and why health interventions directed towards the people were misinterpreted and the people followed something that was totally beyond the imagination of the authorities. Supporting with examples, we mentioned the “*Janta curfew / public curfew*”, how the people made that a social celebratory event, lighting candles and lights in solidarity with health care professionals, which was celebrated as a mega Diwali event (festival of lights) and how the pictures of circle marks on the ground that were used to maintain physical distancing were used instead for other reasons, serving no purpose at all, and how this went viral on social media (3).

We still believe that health literacy is the key to taking action against the current ongoing pandemic. But what needs to be changed is the approach. In our previous paper (3), we have mentioned that highly communicable diseases like coronavirus disease require a multifaceted approach. Adequate clinical care, improvement in living standards and access to health education are pivotal for its success. While we discussed health literacy during the first wave of coronavirus [before mid-March 2021 in India], the role of behavioral models like the health belief model can't be ignored. But at the same time, we did mention in our last article (3), for us to follow the Covid appropriate behavior (CAB), which would involve personal vulnerability, individual perception regarding the pandemic, seriousness of the threat, benefits of taking action, perceived barriers and time to learn new behavior are necessary (4). Initiating and keeping up with a new behavior by an individual accentuates interaction between cognitive, environmental, and behavioral factors. Learning a new behavior looks like a simple process, but practicing it is not, and that is what we saw in the current coronavirus pandemic. 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 requires a lot of time until there will be a permanent behavioral change within an individual and among the masses (4).

We proposed a multi-sectoral approach that insisted on a practice that should be setting-based involving a life course approach for improving health literacy (3). This is quite suitable if we take it as a long-term goal, since we know from our previous knowledge that behavioral change and on-ground implementation and policy change may take some time for implementation.

In this paper, we discuss how even after suffering from pandemic related agony for more than 18 months, people did not show much improvement in health literacy levels. Keeping in view the surge we saw in the cases during the second wave of the pandemic in India, the associated mortality, the hue and cry all over, we believe the people should have learned a lesson once for all. Alas, such was not the case, even facing the second Covid wave. What is usually expected from people is that only when they perceive susceptibility to a disease like covid-19, only then they adapt a particular type of behavior to protect themselves from it (5). For example, people only wear facemasks when they venture out in markets, not while they are among their circle of friends. This is because they feel susceptible to catching the infection only when they are in markets among unknown persons, but research says that Covid-19 infection spreads more among persons who are known to us (6). Next are those who sense the threat of the disease after suffering from it, for example if they have spent a good amount of time in the hospital or have seen their loved ones suffering from the disease. In reality they have perceived the severity of the disease (7), and this has allowed them to adapt a sudden behavioral change within a short time. We may see them following CAB soon after they recover from the disease. Then we see people who follow CAB and have even been vaccinated against Covid-19, such people have perceived the benefits of the attained behavior over time. They are being protected from the virus, they help prevent the spread of the virus and they also motivate others to prevent the spread and follow the CAB and vaccination. Such people have actually assessed the value of engaging in healthy behavior and have decreased the risk of developing the disease for themselves and their family members (4). Another group of people we find have already gained a lot of knowledge about a threat or a

problem, which causes them to double check their knowledge and doubt their perception regarding the intervention. They agree with the fact that the Covid-19 virus is a threat and that we need to have a preventive magic bullet in hand to curb its further spread, but when asked to get vaccinated against the virus, based on some infodemic and forwarded social media posts, they believe side effects associated with vaccines are so grave that they will no longer be able to produce offspring or may get some complicated long-term illness after some years. These people have attained a kind of behavior in which even after willingness, perceived barriers stop them from adapting a healthy lifestyle (8). What pushes them to adapt to the new health behavior are cues to actions that can be either external or internal. Physiological cues (e.g., pain, symptoms) are an example of internal cues to action. External cues include events or information from others close to them, the media, or health care providers promoting engagement in health-related behaviors (5). Along with these, the social role in the community, the economic status of an individual, the education level and age group, also have been associated with having an impact on changing or adapting behaviors over time.

It is observed that any disaster/pandemic can be effectively tackled by preventive medicine, health promotion, and good health literacy, but it is a time-consuming process since it is dependent on a behavioral change in people, which is a very difficult task to achieve in a short span of time. It was expected that the second wave would be devastating for us, as the lockdown was relaxed to save the economy of the country. People forgot about preventive measures like CAB and became involved in political/ religious gatherings and did not practice CAB in letter and spirit, since the health literacy level was suboptimal. Most people did not maintain Covid appropriate behavior despite the death threat. It's time

for the policymakers to introduce short term and long-term measures

### **Possible solutions**

*Short time measures* - Imposing fines on the general public in case of non-compliance with COVID-19 rules, which may include a fine for those not wearing facemasks/covers in public, a fine for spitting in public, and for violating quarantine and social distancing norms. Furthermore, violating SOPs (standard operating procedures) in gyms, salons, spas, and commercial establishments. Penalizing those who breach home isolation directives and owners of restaurants and commercial eating places who violate social distancing guidelines. The habitual offenders could be put behind bars for some days or imposed a heavy fine, whatever may be feasible.

*Long term measures*- We must involve sectors other than health sectors and practice a setting-based approach for improving health literacy. At Anganwadi centers, children along with their mothers could be taught fundamentals of hand hygiene, cough etiquette, and social distancing. Other preventive lifestyle and diet modification approaches could also be taught. The concept of "catch them young" can be utilized and in this way, we could have a preventive learned behavior not only for communicable diseases but also for non-communicable diseases. 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 there is any exposure to aerosols. They can be asked to wear a face mask all the time and practice cough etiquette, under the National Tuberculosis Elimination Program (**NTEP**) (3).

Similarly, people with diarrheal disease can be asked to practice hand washing whenever required under the

Integrated Management of Childhood Illness (IMCI) guidelines. Those attending flu clinics can be asked to use a facemask and practice hand washing and cough etiquette. Doctors and especially surgeons and those attending wards can be advised to hand wash or use sanitizer after every patient they examine regularly. The general public can be advocated to hand wash and maintain social distance measures while dining, at parties, and at other places of public interest. The 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 (3).

Understanding the role of health promotion during policy-making, administration and control of outbreaks, epidemics, and pandemics is the need and lesson we must learn not only from the ongoing Covid-19 pandemic but also for future outbreaks. In the 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 (9). These health-promoting approaches can give good dividends in the long term. Unfortunately, policy makers and the government are often unable to utilize these best practices due to multiple operational and budgetary challenges, and this is quite natural.

Understanding the role of health promotion during policy-making, administration and control of outbreaks, epidemics, and pandemics is the need and lesson we must learn, not only from the ongoing Covid-19 pandemic but also for future outbreaks.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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