



From Risk to Repeal Communication

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Background



- In 2014, the Ebola indirect effects were more severe than the outbreak itself.
- Antenatal care, family planning, facility delivery and post-natal care declined during the Ebola pandemic due to fear of contracting with Ebola virus at health facility, lack of trust on health system and misinformation or rumors about the source of the disease.
- Drastic decline in health facility based child births; in early initiation of breastfeeding; due to fear of COVID-19 transmission
- A high prevalence of anxiety and depression among pregnant women in developed as well as LMICs have been reported with regards to COVID
- A study conducted to assess the healthcare-seeking behavior and practices of targeted communities and document issues faced during the COVID-19 situation with regards to MNCH services during the COVID-19 pandemic in 9 Districts of Sindh and Islamabad, in Pakistan



$y = g(x)$
 Secant Lines
 Tangent Line
 $x+h$
 $\lim_{h \rightarrow 0} \frac{g(x+h) - g(x)}{h}$
 $f'(x) = \lim_{h \rightarrow 0} \frac{f(x+h) - f(x)}{h}$
 $f(x) = \lim_{h \rightarrow 0} \frac{(x+h)^2 - x^2}{h}$
 $= \lim_{h \rightarrow 0} \frac{x^2 + 2xh + h^2 - x^2}{h}$
 $= \lim_{h \rightarrow 0} \frac{2xh + h^2}{h}$

Methods

- **A qualitative study**
- Secondary data analysis of the key MNCH services utilization statistics
- Literature review
- 10 districts, i.e., 5 Sub Districts of Karachi, Dadu, Larkana, Shikarpur; Jacobabad, and in Islamabad



Data Collection Methods and Respondents			
Method	Participants/Respondent	Number of FGDs/IDIs	Participants
FGD	LHWs	10 (1 in each district)	77
	CMWs/LHVs	10 (1 in each district)	54
	Vaccinators	10 (1 in each district)	43
	Pregnant & Lactating Women	10 (1 in each district)	81
	Mothers of Children under Five	10 (1 in each district)	81
Total FGDs and pax		45	336
IDIs	Gynecologist	10 (1 in each district)	10
	DHOs	9 (1 in each district except in ICT)	9
	Mos	9 (1 in each district except in ICT)	9
	MNCH Experts (Provincial)	7 (3 provincial and 4 fed)	3
Total IDIs and Respondents		35	31

Results

Perceived susceptibility was the most reported barrier. The different types of fear labels included:

- Contracting corona virus by mother and child
- Getting labelled as COVID-19 patient
- Doctor giving corona injection
- Fear of getting isolated in the hospital as COVID-19 patient and death
- Fear of getting registered as death from COVID
- Community health workers spreading infection
- Community health workers giving corona injection
- Corona virus spreading through polio

I went to hospital for injection, they said that there was no injection available and you go away lest you are infected with corona and put us on risk as well. FGD Pax

We stopped giving our milk to children due to corona fear and have doubt that if we have corona it may transfer to children from our milk. FGD Dadu

The lady doctor did not allow the pregnant women to come near to them. Dr lied to patients that they required C-sections so that they could make them go away to other hospital. And in moving from one hospital to another, women died as their normal deliveries got complicated. LHW FGD

I am pregnant and I want my delivery at hospital but my husband and all family members have refused and said that we would arrange home delivery you should not go hospital because there was corona in hospitals. FGD, Pax

One woman was in pain and was roaming here and there in hospital, no one was entertaining her, they were saying she has corona and poor woman lost her child. Many women died with their fetus but doctors didn't care for them. FGD Dadu

In hospital they said, "talk with distance" and doctors themselves said: go to your homes, don't come to hospital, they would ask us to get lost as they didn't want rush in hospital. FGD, Dadu

We did not know any specific information about corona especially how to protect from it. Whatever we saw on TV we told people. LHW FGD Larkana



A photograph of a group of people in a meeting or workshop. Several individuals have their hands raised, indicating active participation or agreement. The focus is on the hands in the foreground, with the faces of the participants blurred in the background. The word "Discussion" is overlaid in the center in a white, sans-serif font.

Discussion

WHO had defined risk communication as “The two-way and multi-directional communication and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones”

A shift “from the directive, one-way communication, which characterized the early stages of COVID-19, towards the community engagement and participatory approaches that have been proven to help control and eliminate outbreaks in the past”

- The communication challenge is now bigger and manifold
- Community health care worker’s inability to address the communities’ needs concerning COVID, especially the information needs. Disproportionate promotion of fear appeared to have cultivated barriers
- Communities refusal
- Service providers denial of services

- A need to look into Social and Behavior Change Communication (SBCC) Theories and models to “Undo” and “Overwrite” the attitudinal and behavioral programming done by the “directive, one-way risk communication”
- The need of SBCC more than ever
- SBCC strategies will therefore have to not only contribute to the management of the diseases caused by COVID especially anxiety, depression, mental stress etc but also to rewire the neurological connections and circuits for new ways of individuals thinking, doing and being





Thanks