

Strategic Health Communication in Kerala: Evaluating Governmental Approaches and Structural Challenges

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Abstract: In the contemporary world, health communication has assumed greater significance than ever before. It integrated both interdisciplinary and multidisciplinary efforts to widen its scope, applicability and dynamic nature (Rashid, 2012). Kerala, a state in India, has a unique paradox in the health communication landscape. Due to its strong public infrastructure and high literacy rates, the state employs various communication strategies, including trans-media storytelling and multilingual outreach, to disseminate health information effectively. Kerala also faces significant challenges in providing accurate and timely health information to people in need. This study analyses the prospects and challenges of health communication in Kerala, employing qualitative content analysis to examine the role, limitations, and efficacy of government strategies aimed at improving health communication for its populace.

Keywords: *Media literacy, E-Health, E-Governance, Disease Surveillance*

Introduction

Communication represents the indispensable connection in the global production, acquisition, and distribution of knowledge (Airhihenbuwa et al., 2000). Ultimately, it is through communication that knowledge is signified globally, and the values attached to it are disseminated in the realms of emerging policies and interventions addressing global health problems (Dutta & de Souza, 2008). Health has become a significant factor in how we judge the life and certainly the vitality of a community, as well as the intervention of the people who live in it (Airhihenbuwa et al., 2000). Now, health is emerging as the foundation for the

development of global interventions, driving economic, political, social, and cultural initiatives that also address health issues.

The evolution of health communication has also brought about a shifting yet richer terrain in which matters of culture, politics, identity, and meaning assume a central role in defining and deploying public health (Zoller & Dutta, 2008). Health communication is the study and practice of communicating health information, such as in public health campaigns, health education, and between doctors and patients. It can also raise awareness of health issues and diseases, promote health literacy, and influence personal health choices. Health communication serves as a guide for both individuals and society to lead healthy lives. Better healthcare is essential for a developed nation; therefore, health communication plays a crucial role in a nation's overall well-being.

In India, health communication efforts were initially concentrated on health and family planning in the early 1950s. With the launch of the National Family Planning Program, formal communication began to use electronic media. Community radio, community television and other advanced technologies were also employed at these times. In 1966, health communication got a boost with the central government's family planning program. The government created a separate Department of Family Planning, which later became the Department of Health and Family Welfare. The department began providing information, services, and health commodities. One of the major achievements has been the rise in awareness about one or more methods of contraception and the knowledge of female sterilisation as the safest and most popular method of planning the family. Mass media also played a major role in achieving this goal. A lot of thought went into articulating health communication programs, and they have often sought to address the barriers to bridging the gap between the health program and the people; between the health providers and the people; and between health and the people. Despite these efforts over the past eight decades since independence, India still faces certain barriers in covering the last mile (Sinha, 2016).

Different states in the country adopt various strategies to promote health communication programmes. Kerala has the highest literacy rate in India and ranks first in the NITI Aayog report, with a score of 74.01. Medical accessibility and coverage of medical facilities are significantly better in Kerala than in other states in the country. The state also has excellent health care facilities and boasts a large number of dispensaries, hospitals and nursing homes spread across the different districts (SDG, 2019).

The Kerala model of health is often described as “good health based on social justice and equity” (Ekbal, 2017). This strategy is also a model for other states in India. The high literacy rates, mainly among women, also played a major role in improving the health situation (Eldhose, 2021). The state has implemented various strategies to disseminate health-related information, including using colloquial languages through television channels, radio, print and digital media platforms, and direct announcements. The state also takes care of the health of interstate migrant workers by providing health camps in their work areas and distributing posters and notices in multiple languages, such as Hindi and Bengali. This is very effective in reaching migrant-dominated areas. The concept of transmedia storytelling has been utilised to create engaging content that permeates people’s daily lives. For example, in a film created by the Kerala Police Media Centre, a police officer was seen washing his hands properly while dancing to a well-known song. Kerala has also started the “Break the Chain” widespread hand-washing campaign to raise awareness of the importance of personal and public hygiene.

Kerala’s health landscape is a fascinating paradox: it has impressive health indicators comparable to those of developed nations, yet the state has been grappling with a surge in non-communicable diseases (NCDs), misinformation, a digital divide, unhealthy lifestyles, and rising road accidents, among other challenges. However, with changing disease patterns, digital transformations, and social dynamics, both new opportunities and challenges have emerged in the state.

The study will analyse the prospects and challenges of health communication in Kerala. The researcher employs a qualitative methodology for the study, which uses secondary data analysis.

Review of Literature

In India, successful public health initiatives hinge on effective healthcare communication. Effective healthcare communication must transcend traditional methods, incorporating digital advancements to address the diverse needs of its population. To increase the effectiveness of healthcare communication campaigns, public health officials and policymakers should adopt science-driven strategies to assess campaign success. Techniques such as digital analytics, sentiment analysis, and geospatial mapping can track message reception across various communities and demographics. Additionally, audience reactions can be assessed through surveys, focus groups, and social media engagement data, all of which can help ensure the effectiveness and success of health communication strategies. Integrating IEC (Information,

Education and Communication) and SBCC (Social and Behavioural Change Communication) strategies can also empower public health campaigns to foster meaningful and lasting behavioural changes among the people (Joshi, 2024).

The article "Health Communication in India: Prospects and Challenges" (2021) by Kavitha Koli highlights significant opportunities and challenges within India's health communication landscape. The study emphasises the vast potential of leveraging India's rapidly growing digital infrastructure. This enables innovative channels, such as mobile health apps, telemedicine, and social media outreach, allowing for more personalised and scalable information dissemination. The Koli also identifies certain substantial hurdles that obstruct effective health communication in the country. The study highlights the various socio-economic, linguistic, and digital divides among lower socio-economic groups, women, and the elderly, as well as their inconsistent access to reliable information and limited digital literacy, hindering their effective use.

Koji Nabaie (2003) describes Kerala's health care system, noting its notable past accomplishments in achieving health indicators, such as high life expectancy and low infant mortality rates, comparable to those of developed nations. The success of the healthcare system is largely attributed to high literacy rates, strong political commitment to public health, and strong primary and secondary health infrastructure. Effective decentralised planning empowering the local government (panchayat raj institutions), ensuring broad accessibility and equity in the healthcare system, is also considered a reason for a better healthcare sector. However, the state's burgeoning private sector increases health care expenditures and makes health care a commodity to be purchased. Many public facilities remain underused, and the lack of regulations over the private sector does not guarantee the quality of care.

Shamshad Khan's *Manufacturing Consent? Media Messages in the Mobilisation Against HIV/AIDS in India and Lessons for Health Communication* (2013) critically examined the media messages in the mobilisation against HIV/AIDS in India. In contrast to encouraging educated, rights-based public health communication, the study examines how media narratives, both news and entertainment, create discourses surrounding HIV/AIDS, frequently promoting stigma, moralistic assessments, and governmental goals. Drawing from Herman and Chomsky's *Manufacturing Consent*, Khan makes the case that Indian media usually supports elite and state interests by framing HIV/AIDS in ways that put political and economic concerns ahead of marginalised voices like those of sex workers, LGBTQ+ communities, and HIV-positive individuals. The media's framing of these concerns is frequently dominated by

sensationalism and moral panic, which reinforce stereotypes rather than conveying messages supported by facts. The study criticises how media representations of HIV/AIDS often link it to "deviant" habits like drug use, sex work, or homosexuality, which exacerbates the stigma in society. Khan compares this with grassroots initiatives and alternative media that prioritise damage reduction, human rights, and community-led campaigning. The paper also highlights the intersections of class, gender, and sexuality in media portrayals, contradicting popular public health narratives by combining discourse analysis of media content with interviews of journalists, activists, and officials.

Raman Kutty (2000) stated that the state government's dynamic role has been a key factor in the expansion of healthcare facilities. The public sector conquered the early period of rapid growth in health facilities. Still, in the mid-1980s, due to economic and other factors, the growth of health institutions slowed. By this time, the private sector was poised for growth and took the lead in expanding health care facilities in Kerala. One of the major developments in Kerala that may enable a more active role for the government is the transfer of greater powers to local councils at the panchayat and district levels, with recognition that health is one area where such local control can work most effectively (Kutty, 2000).

Study Method

The paper is the result of an exploratory investigation. For the current examination, auxiliary information sources were utilised to assemble data. The required and appropriate information was assembled from public sources, books, papers, and other sources. This study adopts an exploratory research design to investigate the underlying dynamics of health communication practices in Kerala. To assemble the necessary data, a wide range of auxiliary information sources was utilised. These include publicly accessible materials and specialised literature, such as academic journal articles, books, government reports, media publications, and other relevant sources. A comprehensive review of these published materials provides the foundation for analysing the government's health communication strategies and their impact on the health sector.

Study Objectives

1. To analyse the strategies implemented by the Government of Kerala to enhance the effectiveness of health communication.

2. To examine the role of health communication in shaping public health outcomes within Kerala.
3. To identify the key limitations and challenges in health communication practices across the state.

Health sector in Kerala

Kerala, India's southernmost state, is well known nationally and internationally for its low-cost health care. The state has gained worldwide recognition for its notable improvements in health indicators and the quality of life. According to NITI Aayog's Health Index score, Kerala ranked first overall with a score of 82.20 (Health Index Report, 2020). Regardless of their political stance, all elected administrations in Kerala have consistently invested in health and education facilities. The tradition of government support for health development has been a catalyst for the progression of health care in the state. The number of private health services has increased significantly in recent years, surpassing that of government facilities. This is due to changes in social and economic factors, such as rising per capita income and the spread of literacy (Kutty, 2000).

Primary health care services in Kerala are organised thoroughly, with a network that covers the village level. There are 230 community health centres and 84 primary health centres (approximately one per 30,000 population) in the state. There are 5,320 female and 4,728 male multi-purpose health workers (MPHWs) serving every 5,000 population. Accredited Social Health Activists (ASHAs), who are community health volunteers, approximately one for every 1000-15000 population (Making the SDG a reality, 2021). The state has a strong network of health workers and volunteers who help ensure comprehensive health care for all. Managing public health emergencies such as floods, landslides, and outbreaks like Nipah and COVID-19 has been further strengthened.

Kerala has a large health sector compared to other states in the country. The healthcare infrastructure has flourished under the three systems of medicine, namely Allopathy, Ayurveda and Homoeopathy. Healthcare institutions are evenly distributed across the state. The public and private sector participation in the health care infrastructure is a major strength of the state. People are very much conscious about their health, and they use the medical treatment facilities

available in the private and public sector, irrespective of their income, status, place of residence, community, religion and occupational disparities.

Government initiatives for better health care

Kerala's healthcare system is widely regarded as a model in India, built on strong public health infrastructure and inventive government initiatives. The state of Kerala pioneered the concept of Universal Health Coverage (UHC) in 2012 through a pilot study in collaboration with the WHO to strengthen primary health care services and address the most important causes of morbidity and mortality in Kerala. According to the project, major activities were carried out were introduction of software for electronic patient records, development of evidences-based protocols, task shifting among nurse and paramedics at the facilities to register patient and to conduct pre-assessments such as measuring weight, height, body mass index, blood pressure and the blood sugar levels and implementations of mental health protocols at the primary care centres. The UHC plays a crucial role in achieving the goals and sub-goals of the 3rd SDG (Making the SDG a reality, 2021).

Measures to Ensure UHC

Aardram

The government of Kerala has launched the Aardram mission in the backdrop of the SDGs to provide comprehensive health care, including preventive, curative, rehabilitative, and palliative services. The mission promotes a patient-friendly approach and ensures high-quality treatment at low cost in government hospitals. The scheme implemented many new services in government hospitals, such as adequate outpatient registration counters, patient waiting areas, and ample seating; a token system; and other facilities, including drinking water, toilets, public address systems, information, education, and communication systems, and signage. Thus, the mission led to a complete revolution in the state's public healthcare system.

The government adopted an umbrella program, the Aardram Mission, and started the Navakerala Karma Paddhati. The main components of the mission are improving the quality of infrastructure at PHC, CHC, taluk hospitals and district General hospitals, as well as medical colleges. One of the main elements is the transformation of Primary Health Centres into Family Health Centres. By assuring public participation, the Aardram Mission has brought about a paradigm shift in patient care throughout the state.

Karunay Arogya Suraksha Padhathi (KASP)

Karunay Arogya Suraksha Padhathi (KASP) was launched in 2019 to integrate all existing health schemes through a government order, bringing standardisation in operations and better management through convergence. KASP aims to provide health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalisation to over 42 lakhs poor and vulnerable families (approximately 64 lakhs beneficiaries) that form the bottom 40% of the Kerala population. State of Kerala decided to converge all the government sponsored health care schemes namely RSBY(Rashtra Swasthya Bima Yojana) (Central and State Government combined scheme, where the premium is shared in the ratio 60:40), Comprehensive Health Insurance Scheme-CHIS (Kerala government fully sponsored scheme i.e. full premium paid by the State), Senior Citizen Health Insurance Scheme-SCHIS (all the senior beneficiaries aged 60 years and above in the RSBY/CHIS families were provided additional coverage of Rs 30,000 per beneficiary) and Karunya Benevolent Fund-KBF (Trust model implemented through Lottery department) along with Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY) and formulated Karunay Arogya Suraksha Padhathi (KASP).

Other Major Government Initiatives for Health Care

E-Health

E-governance, or electronic governance, is the application of ICT to provide government services to citizens. Through e-governance standards, government services are made accessible to citizens in a transparent, appropriate, and systematic way. E-Health Kerala is a pioneer project funded by the government of India and the Department of Health and Family Welfare, Government of Kerala. The government launched E-Health Kerala to provide residents with a convenient and centralised healthcare system. Other than that, through this service, citizens were provided with a unique identification and a unified health record based on Aadhaar. The main objective of E-Health Kerala is to provide better health care to its citizens and improve the quality of care. The main services of this scheme include online appointments at any government hospital, smooth, continuous OPD clinics, telemedicine consultations, excellent health care at the doorstep, one citizen, one health record, etc. Through this scheme, all health-related services can be accessed through a single new system. One of the main peculiarities of this project is that patients can visit the doctor and make appointments at their convenience.

The rapid development of E-Health services has reduced the time and cost of medical treatment, providing efficient and economical benefits.

Arogya Keralam Palliative Care Project

The Arogya Keralam Palliative Care project is India's first and the only government palliative care initiative in Asia (Prasad, 2016). The main aim of this policy is to ensure that every bedridden citizen in the state is covered. A large increase in the number of outpatients has been reported at general hospitals across different districts following the launch of the free generic medicine scheme.

Arogyakiranam program

The Arogyakiranam program is a state-initiated entitlement scheme in Kerala for 0 to 18-year-olds (excluding dependents of government servants and income taxpayers), which provides free investigation and treatment for health conditions other than the 30 conditions covered under Rashtriya Bal Swasthya Karyakram (RBSK). This initiative is indicative of the state government's commitment to moving towards Universal Health Coverage to reach the Sustainable Development Goals, with an emphasis on equity (Madhavan, 2021).

Healthcare and Role of Communication

Communication plays a crucial role in promoting public health and healthcare services. Communication is the overarching component of any program, ensuring its efficiency and success. It should provide immediate and sustained desired outcomes to be considered effective. Renata Schivao (2014), in her book 'Health Communication: From Theory to Practice', explains that one of the key objectives of Health communication is to engage, empower, and influence individuals and communities. The goal is admirable because health communication aims to enhance health outcomes by sharing relevant health information. A comprehensive health communication strategy should effectively address the needs and challenges in the state's health sector. Proper health communication focuses on building awareness, improving health-seeking behaviours and enabling behaviour change.

Kerala should have a well-structured Communication Needs Assessment (CNA) in the beginning. The contents and strategies should be periodically reviewed using subsequent communication impact assessments. The Revised National Tuberculosis Control Programme (RNTCP) in Kerala, known as the National Tuberculosis Elimination Programme (NTEP),

utilises Communication Needs Assessment (CNA) as part of its broader communication strategy to ensure effective TB Control. The National AIDS Control Programme (NACP), Immunisation programmes are also a crucial part of the strategy.

Communication strategies during the Nipah and COVID-19 outbreak

In a functional democracy, the government provides its citizens with timely and reliable information to keep them updated on the government's latest policies and activities. Effective public communication ensures improved acceptance of the government's initiatives, strategies, and actions. However, due to the difficulty of its organisational setup, the government is not considered a great communicator, especially during crises or pandemics. However, the Kerala government has used public health communication as an essential part of the overall crisis and pandemic management (M. A. et al, 2021).

During the Nipah Virus outbreak, Kerala activated various emergency protocols led by the state health department, which mainly included real-time information flow. Press conferences by the Chief Minister and the health minister provide a transparent update on cases, advisories, and containment zones during the COVID-19 pandemic. Frontline workers, such as ASHAs and JPHNs, conducted door-to-door surveillance and distributed notices, posters, and pamphlets on symptoms and precautions. Mass media, especially social media platforms, were widely used by the government to raise awareness and, at the same time, to control unwanted panic among them. Furthermore, real-time updates of the government via digital dashboards such as health.kerala.gov.in are also very effective.

During the COVID-19 pandemic, Kerala focused on cultivating and empowering every citizen to follow the advisory. Health volunteers and ASHA workers were utilised to the fullest extent for screening passengers, addressing the needs of houses under quarantine, including community kitchens, medicine delivery, and the care of elderly/palliative care patients. Kudumbasree members visited all households with adequate precautions, educated the elderly, provided psychological support, and ensured continuity of care for them. Village-wise lists of people aged 60 and above with morbidity were prepared. Women self-help group members, volunteers, and palliative care teams contacted all individuals and their families based on the line list, providing education on special precautions. ASHAs, with the support of health system front-line workers, did regular surveillance of the elderly and people with morbidity to address their medical needs. The state has been successful to date in containing the infection among the healthy and controlling transmission to the vulnerable. This again is one of the important

reasons for low case fatality despite high general morbidity of cardiovascular risk factors in the community (Making the SDG reality, 2021).

The Break the Chain campaign is an initiative by the Government of Kerala for behaviour change communication, focusing on physical distancing, handwashing, and the use of face masks. Social media and other mass media campaigns, community education by ASHA, women's self-help groups, and panchayat leaders, etc., focus on various prevention measures.

Involvement of Local Self-Governments (LSGs)

Kerala's LSG consists of 941 grama panchayats, 152 block panchayats, 14 district panchayats, 87 municipalities, and 6 corporations (LSGD, 2025). Every panchayat in Kerala has a PHC and an AYUSH (indigenous system of Medicine) hospital, and these are evenly distributed compared with other parts of the country. Each PHC has various peripheral outreach centres, known as sub-centres, managed by a Junior Health Inspector and a Junior Public Health Nurse (JPHN). Alongside government facilities, Kerala has a wide network of private hospitals that cater to a large share of the state's healthcare needs.

Each LSG operates a dedicated Health Standing Committee that collaborates with the health department to raise awareness and provide information about community-specific risks. They also disseminate information through community meetings, local events, posters, notices, etc. As a part of this, ASHA worker networks and anganwadi workers effectively provide health information and awareness about various diseases through door-to-door messaging, especially in marginalised communities and rural areas. The well-qualified and trained healthcare staff, with a strong unity of command stemming from experience in managing several communicable diseases over the years, is the backbone of Kerala's healthcare system.

Local self-government (panchayat) bodies used loudspeakers, auto-rickshaws with public-announcement systems, and, most importantly, wall posters for hyper-local alerts and instructions. Community health clinics also held awareness programs at the ward level. This multifaceted strategy, which combined the reach of mass media, the interactivity of digital platforms, and the penetration of grassroots networks, guaranteed consistent, believable, and culturally relevant messaging across all demographics, significantly enhancing compliance with health measures and saving lives. So, Kerala integrated grassroots networks and localised communication to ensure no one was left behind.

Enhanced Media Relations

The government of Kerala used the media to disseminate health information effectively. Health reports, public service advertisements, documentaries, short films, web portals, online campaigns, etc., reached people through various media platforms. These information campaigns are also implemented through the primary health centres (PHC) and NGOs. Traditional media platforms such as TV, radio, and print emerged as the backbone of health information distribution, ensuring broad accessibility. All India Radio and community radio stations disseminated crucial information in local dialects, reaching remote and elderly populations.

Social media platforms are considered critical tools to address public health issues and to deliver information to the right audience with clarity and accuracy (Kumar et al., 2018). The rise of digital platforms and social media usage paved the way for rapid digital surveillance, disease mapping, and information sharing, addressing health sector issues (Dash et al., 2024). The health department of Kerala actively used Facebook, Twitter (X), Instagram, and YouTube to share infographics, explainer videos, and live updates, making complex information more digestible.

In Kerala, the media plays a critical role in disseminating information about HIV/AIDS, Polio, Immunisation programmes, etc. The government used media as a powerful tool for education and reducing stigma, but it can contribute to misconceptions if not handled properly. During the COVID-19 pandemic, the state government disseminated the most pertinent public information daily through the CMs 6 pm press meet. For Keralites across the globe, the press meet has become a staple media diet. Since it started on March 24, 2020, the press meet has grown to be the event with the highest TRP and is shown live on all networks. The video is streamed on YouTube and shared on Twitter Live and the official Facebook page, and has received almost half a million views on Facebook. The CM's official website and other pertinent state government websites cross-post the news conference's content as a press release. Using a variety of media to disseminate information allowed the message to reach all demographics more quickly and widely (M. A. et al, 2021). The state's public relations department (PRD) has developed a strict protocol for communication with the media during this time. Apart from the chief minister and health minister, only the respective district collectors of various districts are authorised to speak to the media; no other personnel, even cabinet ministers, are allowed to address the media on the issue.

The Kerala Start-Up Mission and public relations department launched a multilingual app called Gok Direct, which enabled users to access all COVID-related information—government announcements, precautions to take, important telephone numbers, etc.

The government put their best foot forward to maintain a good relationship with the media during the current crisis. The shift has been seen in the relationship between the media and government machinery.

‘Bhayam Venda, Jagartha Mathi’ is a powerful phrase that became the central slogan of the Kerala government's public health communication strategy, especially during the COVID-19 pandemic. The phrase is dominated by TV channels, newspapers, and radio during the press briefings of the Chief Minister and other experts. In social media platforms, it was the hashtag featured in countless infographics and motivational posts shared by health departments and government handles.

Communication with Stakeholders

Kerala's success in health communication stems significantly from its structured, multi-level engagement with stakeholders. The state has a three-tier decentralised governance for direct stakeholder communication.

During the COVID-19 crisis, state or district war rooms hosted daily virtual meetings with LSG representatives, health officers, police and NGOs. The control rooms also provided multilingual support to cater to migrant labourers, a critical mass in the state (Directorate of Health Services, 2020). Online dashboards such as ‘COVID-19 Jagratha’ gave LSGs direct access to local case data, quarantine lists and resource inventories. DISHA (Directorate of Intervention for Health Service Awareness, comprising trained social workers and counsellors) answers questions about COVID-19 from across Kerala, other Indian states, and abroad (DISHA, 2021). Also, medical officers conduct regular ASHA meetings to disseminate guidelines and collect ground reports to address challenges. ASHAs report real-time data on symptoms, contacts and stigma incidents via mobile apps such as WhatsApp, triggering rapid state response.

The roles of various branches, such as LSGDs, the public distribution system, the police, disaster management, education, information technology, the media, and the fire force, have been pivotal in addressing the medical and non-medical needs of the people. The police force played a pivotal role in enforcing preventive measures at the community level, including the

use of face masks and restrictions on social gatherings. Also, it ensured food and shelter for the vulnerable, including the poor and migrants.

The CM is also directly interested in constituents via his official Twitter account, clarifying their doubts and providing a speedy resolution. So, the direct communication efforts provided adequate adjustment information, ensuring that highly vulnerable stakeholders could cope with the crisis (M. A. et al., 2021). Kerala considered stakeholders as active participants. They provided real-time feedback loops, ensured precision, accountability and inclusivity in their jobs.

Disease Surveillance System

The Integrated Disease Surveillance Project, initiated in 2005 with daily and weekly reporting of communicable diseases through paramedical field staff, clinical surveillance throughout hospitals, and laboratory surveillance, represents a robust surveillance network at the grassroots level. Anganwadi workers and a well-motivated group of accredited social health activists, recruited through the National Health Mission, form a network to capture potential health issues in the community. COVID-19 pandemic control also became a part of their routine activities.

Challenges in Health Communication in Kerala

The relevance of non-communicable diseases (NCDs) is ever-increasing, along with the growing incidence of emerging infectious diseases across the state, often referred to as the twin burden or double burden of disease (Hussein, 2014; Mathew et al., 2022). Kerala faces a severe epidemic of NCDs like diabetes, hypertension, cardiovascular diseases and cancers (Revu et al, 2023). Three-fourths of the state's total disease burden is contributed by NCDs (Mathew et al., 2022). Cardiovascular diseases, diabetes mellitus, cancer and stroke contribute to the bulk of the morbidity and mortality in the state and due to the high incidence of type 2 diabetes mellitus, making the state the diabetic capital of India (Diabetes in Kerala, 2022). Communication here struggles with promoting sustained behavioural change. Messages about diet modification, regular exercise, alcohol cessation and medication adherence often compete with sedentary lifestyles and cultural (e.g., taking high-carb food) preferences.

Zoonotic diseases such as rabies, leptospirosis, salmonellosis, avian influenza, and swine fever have shown a rising trend in Kerala in recent years. The health system in Kerala was also faced

with the consequences of monsoon-related natural disasters, including floods and landslides, as well as the sweeping rise of the pandemic (Mathew, 2022).

Socio-cultural beliefs and practices are among the main barriers to health communication worldwide. Deep-rooted traditional beliefs, superstitions and cultural practices can lead to distrust of modern medical advice. Preferring traditional healers (Vaiders, Manthradis) over modern medicine can delay critical treatment. Malappuram, a district in Kerala that resisted vaccination camps, is an example of how religious orthodoxy, lack of information, superstition, and acceptance of quacks contributed to the abysmally low immunisation rate in the district. However, the situation has changed from the 57% immunisation reach in 2017; the district has soared to 92.5% (Naha, 2019).

Kerala has the highest literacy rate in India, but health literacy may not be. Gaps in health literacy affect the coverage and utilisation of health services in both public and private sectors (Surendran et al, 2024). The ability to find, understand, evaluate and apply health information to make informed decisions. This affects navigating the health system and understanding medical instructions. The state has also made significant progress in digital health initiatives, such as Esanjeevani, e-health services that meet people's needs. However, challenges persist in rural and marginalised communities due to limited internet connectivity and the digital divide.

Marginalised groups, especially people with low incomes, face many disadvantages in accessing public health services for their needs. Due to financial constraints, these groups have been denied access to quality healthcare services. Variations among Malayalam dialects and the presence of migrant labourers speaking other languages also create communication barriers.

The spread of fake news and misinformation poses a significant challenge in health communication, particularly during public health crises. Social media platforms have been widely used to disseminate false or unverified claims about vaccines, cures for various diseases, home remedies, disease transmission, vaccine hesitancy and panic among the public. We can access a variety of health information topics, their tips, etc., on the internet, but the credibility of this information is questionable. (Koli, 2021) This type of fake news can mislead patients into abandoning scientifically proven treatment.

Conclusion

Kerala represents a unique and successful model for health communication in India, characterised by high literacy, well-developed public infrastructure, and other innovative

strategies, including multilingual outreach, various communication campaigns, and digital initiatives. The state's response to public health crises such as the Nipah outbreak and the COVID-19 pandemic has been widely acclaimed, particularly for its emphasis on transparent, decentralised communication. Despite these achievements, Kerala faces a complex set of contemporary challenges, including a surge in non-communicable diseases, widespread misinformation, digital divide, lack of health literacy, and the growing need for tailored health messages for marginalised and elderly populations.

While government initiatives like Aardram, KASP, and other community health networks demonstrate a strong commitment to accessible and effective health communication, future success depends on overcoming these hurdles through more integrated, adaptive, and equitable communication approaches that bridge the gap between Kerala's advanced infrastructure and its evolving needs. Emphasis must now be placed on participatory communication models that empower local communities, especially in rural and tribal areas, to become active stakeholders in their health narratives. Health communication strategies must also prioritise media literacy, counter-narratives to misinformation, and stronger public-private collaborations to ensure consistency and credibility. As Kerala continues to set national benchmarks, its ability to evolve in response to demographic, epidemiological, and technological shifts will determine how well it sustains and enhances its reputation as a health communication pioneer in India.

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