



Communication and Health in Brazil during the Covid-19 Pandemic

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Opinion

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Several studies indicate that communication has the potential to contribute to health promotion and disease prevention [1]. The relationship between Communication and Health has a role that goes beyond informing society about health or just preventing diseases; this relationship constitutes a multidimensional universe in which agents and institutions develop strategies, weave alliances, antagonisms, and negotiations [2]. For these authors, one cannot disassociate communication from an ethical project of society, in which material and symbolic powers are (or should be) distributed equitably.

In this scenario, expert or specialized organizations, which according to Giddens [3] are systems of technical excellence or professional competence that organize the material and social environments, need to provide clear and precise answers to society, as these organizations define a large part of the actions of everyday life.

In contemporary times, digital communication has transformed the way public health agencies have communicated with society. According to Paolucci, et al. [4] health is one of the most accessed, posted, and shared topics on the Internet, and information can be found in virtual environments built by public and private educational and research institutions, governmental and non-governmental agencies, patient and professional associations, and individuals themselves.

Amid the pandemic of the new coronavirus, as guaranteed by Waltner-Toews, et al. [5] some world leaders adopted positions that minimize the seriousness of the dangers to life and public health, did not admit the interruption of

economic activities and mixed messages of hope, denial and exploitation opportunist of uncertainties. Therefore, many actions of the Brazilian federal government have contributed to generate misinformation and worsen the health crisis.

Kunsch [6] points out that health institutions, such as the Brazilian Ministry of Health, have the responsibility to perform a public communication that seeks to alleviate the crucial problems of the population, especially in a pandemic context. This type of communication, in the midst of a health crisis, plays a key role in terms of risk framing, which are unconscious structures that organize and translate life experiences and apply interpretative schemes about risks [7], facilitating social consensus on all aspects of the pandemic. In this sense, studies have already pointed out that individuals exposed to accurate and reliable information tend to adopt more preventive behaviors during the outbreak of an epidemic [8] and public trust in information shapes both adherences to recommended practices and speed of compliance [9].

However, an important factor in increasing the health crisis in Brazil was the Brazilian government's denialist approach, specially the repercussion in social networks about the use of drugs without scientific proof in the early treatment of Covid-19, promoted by President Bolsonaro (2019-2022) and the Ministry of Health [10]. This reflects aspects of the post-truth regime, which for Harsin [11], does not refer to an "after" period of truth, but rather to a breakdown of social trust in interconnected elite institutions that are producers and guardians of truth, such as church, science, governments, press, etc. For the author, what becomes accepted as popular truth is a form of fragile knowledge, that is, an opinion based

on trust in those who supposedly know. According to the study by Edda Humprecht [12], disinformation about the new coronavirus is more widespread in countries marked by high levels of societal polarization, as well as low trust in public institutions and the instrumentalization of science, factors that can lead individuals to propagate unsubstantiated claims.

Contrary to the National Contingency Plan for Human Infection by the new coronavirus, proposed by the Ministry of Health, in the first year of the pandemic, the government communication was supported by social networks and the website [13]. Therefore, the disconnected ones, which total 47 million Brazilians, were disregarded. When looking at the color/race marker, the numbers are even higher: 35% of the indigenous population, 30% of the rural population and 29% of the black population are not connected. This indicates that, by opting solely for digital communication, the government further exposed the segments made vulnerable by the lack of access to information.

On the other hand, the pandemic has increased the consumption of traditional media vehicles, such as television [14], including in Brazil where 61% of the population considers television media the most reliable in disseminating information about the coronavirus. In an recent interview with black women from rural Minas Gerais (Brazil), when asked about Covid-19 information that they saw on television, the answers were: “a lot of death”; “bodies in ditches”; “everyone wearing masks”. Although the TV news used a sensationalist approach, they were the most responsible for informing vulnerable populations in Brazil.

It is also noteworthy that there was no attempt to involve women who occupy, especially in rural and traditional communities, the role of being responsible for care, whether for the family or for the community itself. Although women have been the most affected by the pandemic due to vulnerability and work overload, the gender perspective has been neglected in government campaigns.

It can be seen that the Brazilian government has not respected the specificities of the population, as well as neglecting scientific and communicational aspects. Communication is a right to health, just as there is “inseparability between the rights to health and communication and the concepts of democracy and citizenship [15,16].

References

1. García del Castilho JA (2020) Socialnetworks as tools for the prevention and promotion of health among youth. *Psicologia: Reflexão e Crític* 33: 13.
2. Araújo IS, Cardoso JM (2014) *Comunicação e Saúde*. Rio de Janeiro: Fiocruz.
3. Anthony G (1991) *As consequências da modernidade*. São Paulo: Editora Unesp.
4. Paolucci R, Pereira Neto A, Luzia R (2017) Avaliação da qualidade da informação em sites de tuberculose: análise de uma experiência participativa. *Saúde em Debate* 41.
5. Waltner-Toews D, Biggeri A, De Marchi B, Funtowicz S, Giampietro M, et al. (2021) Pandemias pós-normais. *Amazônia Latitude*.
6. Kunsch M (2012) Comunicação pública: direitos de cidadania, fundamentos e práticas. In: Matos, H. (Org.). *Comunicação pública: interlocuções, interlocutores e perspectivas* pp: 13-30.
7. Silva N, Fra.Paleo U, Ferreira Neto J (2019) Wildfire Risk and the Role of Local Media in the Amazonian and Temperate Forests. *Int J Disaster Risk*.
8. Wang X (2020) Risk communication on behavioral responses during COVID-19 among general population in China: A rapid national study. *Journal of Infection* 81(6): 911-922.
9. Ipsen C, Myers A, Sage R (2021) A cross-sectional analysis of trust of information and COVID-19 preventative practices among people with disabilities. *Disabil Health J* 14(2): 101062.
10. Leal D, Lopes I, Andrade M (2022) Cuando el gobierno mal informa: Covid-19 y tratamiento temprano en Brasil. *Razon y Palabra* 25(112).
11. Harsin J (2018) *Post-Truth and Critical Communication Studies*. Oxford Research Encyclopedia of Communication.
12. Humprecht E (2019) Where ‘fake news’ flourishes: a comparison across four Western democracies. *Information Communication and Society* 22(13): 1973-1988.
13. Lopes I, Leal D (2021) Entre a pandemia e o negacionismo: a comunicação de riscos da Covid-19 pelo Ministério da Saúde do Brasil. *Chasqui. Revista Latinoamericana de Comunicación* N.º 145 Sección Diálogo de saberes pp: 261-280.
14. Reuters Institute for the Study of Journalism (2020) *Digital News Report*.

15. Stevanim LF, Murtinho R (2021) Direito à comunicação e saúde. Rio de Janeiro Fiocruz.
16. Ipsen C, Myer A, Sage R (2021) A cross-sectional analysis

of trust of information and COVID-19 preventative practices among people with disabilities. Disability and Health Journal 14(2).

