

Review Article

Perspective of self-help groups, Panchayati Raj institution and adolescents on implementing COVID appropriate behavior in the community in rural settings

G. Alekhya, Bimal Kumar Sahoo, Manish Taywade*, Debkumar Pal, Kajal Das

Department of Community Medicine and Family Medicine, AIIMS, Bhubaneswar, Odisha, India

Received: 08 May 2022

Accepted: 31 May 2022

***Correspondence:**

Dr. Manish Taywade,

E-mail: drmanishtaywade@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

The vaccination drive in India brought cheers to the country's people, only to be eroded by the unpredictable twitch of the COVID-19 second wave. The best way to tackle the pandemic has been to adopt appropriate practices, thereby breaking the chain of transmission. The second wave in India has already created havoc both on the people and health system, questioning and challenging our capabilities to handle any heave of sudden cases, particularly in rural areas. Time has arrived to inflate our horizon by including groups of society close to the people, particularly in the rural community. Like the previous wave, COVID appropriate behavior was very much instrumental in slowing the pace. Adolescents' self-help groups in coalition with Panchayat Raj Institutions (PRI) will be the main stand in the fight against the dreadful virus. Their main role is to translate the prevailing preventive measures into action among the very people they live around. Passing the right message through IEC/BCC to the right people will bring about dramatic changes in the attitude, belief, and exercise they do in their day-to-day life. PRIs members would utilize their powers to execute optimum administrative services. A decentralized approach involving these stakeholders will spearhead the fight against the pandemic. This trifold power shall bear the torchbearer in preventing the disastrous consequences of any upcoming wave, if any, in a holistic manner.

Keywords: Self-help groups, PRIs, Adolescents, COVID appropriate behavior

INTRODUCTION

The world health organization declared COVID-19 as a pandemic on March 11, 2020.¹ Since then, we have been waging war against the pandemic. As of today, the total COVID cases all over the world are about 151 million, which is indeed a huge number reflecting the outrageous impact of COVID-19.²

Various drug trials have been conducted, but none were found to be effective against the treatment of COVID-19.³ Then, the only ray of hope to fight the pandemic was by vaccination against COVID. Various vaccine candidates have come up all across the globe in building COVID vaccines. As of now, there are about 92 vaccine candidates in clinical development.⁴

India began its largest COVID vaccination drive on January 16, 2021.⁵ The vaccination is conducted in a phase-wise manner, firstly prioritizing front-line workers such as health care workers (HCW). In further phases, the vaccination drive was extended to the above 45 years of age group.⁶ Amidst the largest vaccination drive, where everyone was hoping for the end of the pandemic, there occurred a sudden upsurge in COVID cases imposing a dreadful second COVID wave.⁷ The vaccination drive and low daily count of COVID cases eased the public, where public health measures such as wearing masks and social distancing were not followed. The conduct of political rallies and various religious gatherings caused flaring up of COVID cases resulting in a flabbergasting second COVID wave.⁸

In such a devastating crisis, the need for following COVID appropriate such as hand hygiene, social distancing, and wearing a mask are of utmost importance, in a country like India where the major population resides in rural areas and still access to health care remains a challenge.^{9,10} It is very much essential to reach out to these populations and educate them on COVID appropriate behaviour (CAB) which contributes significantly in tackling the pandemic and flattening the curve.¹¹

One of the measures which can be executed to contain the spread of infection is involving self-help groups (SHG) to inculcate CAB in the community. Self-help groups are a group of informal people who address their common problems. They govern themselves and are peer-controlled.¹²

They usually act as a medium in empowering women, developing leadership abilities among the poor, increasing enrolment in schools, and increasing awareness on the use of birth control pills.

ORIGIN OF SELF-HELP GROUPS

Self-help groups (SHGs) are a group of informal associations that find ways to improve their livelihood. Their origin in India began in 1972 along with the establishment of the self-employed women's association (SEWA). Their importance increased with NABARD in 1992, with which took place the formation of the SHG bank linkage project, the world's largest microfinance project.¹³

FUNCTIONS OF SELF-HELP GROUPS

Their main function is to strengthen the functional capacity of marginalized sections of society in the domains of income-generating activities and employment. They solve the problems through collective leadership and mutual discussions. These groups serve as a voice to marginalized societies, work to eradicate social issues, which include early marriage, dowry, alcoholism, etc. They also work for the empowerment of women as pressure groups by mounting pressure on the government to enact on relative issues.¹⁴ Work done by SHGs led to better family planning, decreased child mortality rates, decreased maternal deaths.

ROLE OF SELF-HELP GROUPS DURING COVID-19 CRISIS

Since SHGs come together as a group for solving a common problem. During a crisis like the COVID-19 pandemic, they can act together, where there is more strength when action is taken together when compared individually. Since the poor people living in remote areas have less access to health care facilities, have little knowledge on CAB, how can be safe during a COVID-19 crisis. These SHG can educate them, provide information

education campaign regarding COVID-19. The general public can be educated regarding hand hygiene, cough etiquette, social distancing measures, how to properly wear a mask, which mask should be ideal in preventing contracting COVID-19 infection. Since wearing the mask, sanitizing, and social distancing are the key weapons in curbing COVID, SHGs can make an effort in the preparation of masks and sanitizers where their economic level is also boosted and supply them to the needy poor in villages where the access is less.

INTEGRATION OF SHGS WITH FRONTLINE WORKERS

In these hours of need, community health workers such as accredited social health activist (ASHA), auxiliary nurse midwives (ANMs), and Anganwadi Workers (AWW) can integrate with SHGs in educating people on CAB, how one should take responsibility for being safe during the crisis.¹⁵ The collaborative work includes the distribution of mask, information, and campaign (IEC) materials regarding COVID, such as COVID helpline numbers, access to health care.

ROLE OF INTERNATIONAL AGENCY

UNICEF India's response has released a document regarding risk communication and community engagement (RCCE) for COVID, where it focuses on informing right information, enabling individuals and communities in making choices to protect themselves, their families from crises such as COVID pandemic.¹⁶ The document also emphasized that RCCE can be effectively given through an integrated approach with the involvement of SHGs, ASHA, ANM, AWW, various NGOs with the ministry of health and family welfare (MOHFW), and various government bodies. The document provides COVID-specific messages such as handwashing with soap, hygiene of face, do's and don'ts during home quarantine. These messages can be inculcated in the community by SHGs. They can inculcate by doing door-to-door counseling, CAB dissemination through WhatsApp, conducting online RCCE sessions.

ROLE OF PRIS FOR CONTAINING COVID-19 IN COMMUNITY

Panchayat raj is one of the oldest systems of local government in the Indian subcontinent. PRI consists of three levels:¹⁶ Gram panchayat at the village level, block panchayat or panchayat samiti at the intermediate level and zilla panchayat at the district level

Under the 73rd constitutional amendment, PRIs is responsible for several functions of the development of rural areas, such as natural resource management, social service delivery, and other administrative functions. They are of greater importance as they bring governance closer to the rural people. Local administrative issues are best

dealt with by PRIs than the state and central government bodies as they are well equipped with the experience and knowledge of the local people.¹⁷

The current menacing second COVID wave has not only limited to those residing in urban areas but also affected rural people in large numbers. At this point in the crisis, local government bodies such as PRIs can play a humongous role in curbing COVID-19.^{10,18}

MOHFW has released a standard operating protocol for containment and management in peri-urban, rural and tribal areas.¹⁹ In the documents suggested a multi-pronged approach by engaging PRI with various health sectors, integrated child development scheme (ICDS), school teachers, SHGs, and other community-based organizations for mobilizing the community in the fight against COVID-19 pandemic and gram panchayats shall play the prime responsibility of coordinating community action and awareness creation at village level and the block development officer (BDO) at Taluka level. Since PRIs mainly deal with administration, necessary steps can be taken by them by incorporating various COVID-related services such as incorporating COVID-19 testing centers, vaccination centers in the community.

ROLE OF ADOLESCENTS IN IMPARTING CAB IN COMMUNITY

Adolescents belong to the age group of 10-19 years. They are the age group belonging to the future. They can contribute hugely and create a massive impact when they are engaged in community participation. During COVID times, they can be actively involved in providing CAB in the community. Even UNICEF India's COVID response, RCCE (Risk communication and community engagement) says the involvement of adolescents plays a crucial role in bringing behavior, change, and communication regarding COVID -1.²⁰

A SUCCESSFUL DECENTRALIZED APPROACH FOR CONTAINMENT OF COVID-19

The decentralized approach for the containment of COVID-19 is depicted (Figure 1). The second wave unleashed a devastating scenario of helpless cases, mostly due to the oxygen demand. Many hospitals were queued by severe patients requiring hospital admission for effective management of COVID-19 cases, and the oxygen reservoirs were exhausted, causing demand and supply miss-match for which there occurred increased mortality. The grim situation was evident by the fact that the daily count of the number of cases doubled on April 15, 2021, as compared to the first wave.²¹ Pictures flashing in social media like television, Facebook, WhatsApp, etc., demonstrated the unpreparedness of the health sector to tackle the exponential and steep cases and a paralyzed infrastructure and human resources. Adding to the agony, fungal opportunistic infections like the Mucormycosis added salt to the wound.²² The death toll

per day had gone beyond the 4000-mark creating unwanted records which mankind had never thought of. Moreover, this time the rural community has been hit the hardest impact as compared to the urban areas in India.

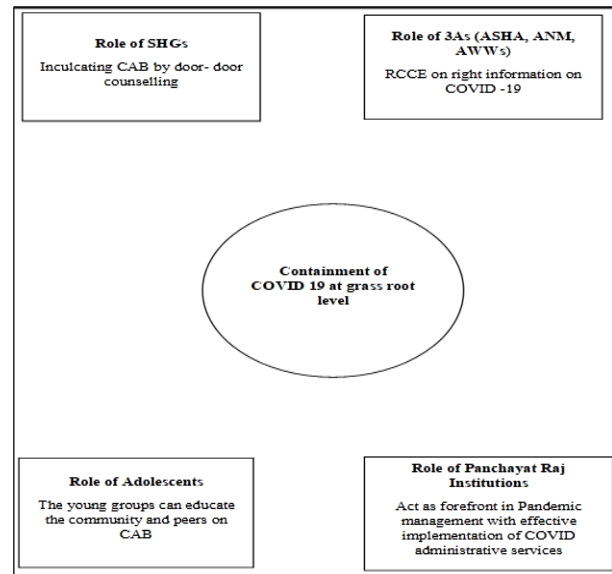


Figure 1: Decentralized approach to contain COVID 19.

Since the virus has already exposed the failure of the health system to handle a sudden surge of cases, we need to be prepared for any future similar or even more upsetting circumstances. Experts are predicting 3rd wave with a predilection to the unvaccinated individuals.²³ India, with a population of 130 crores, is facing difficulties in vaccinating its entire population by the expected period. Time has come for meticulous preparation for the upcoming adverse event. The best way is in our hands, i.e., the preventive measures that we followed in the first wave that led to its defeat have to be practiced analogously but with expanding and collateral logistics.²⁴ The expendables include people in our society like the adolescents who should step forward in this war against COVID-19. Self-help groups will also add to the force to reckon. They would be channelized to work in alignment with the PRIs with a special focus on rural parts of India.

CONCLUSION

A successful decentralized approach for COVID-19 prevention and control is warranted. The involvement of various self-governance organizations like PRI and SHGs would be the key to success for the prevention of COVID-19 into the rural population. Supervision and monitoring of COVID-19 appropriate behaviors is the key. The vaccination drive will help in reducing the number of incident cases and decreasing the positivity rates. Such approach will enhance the sustained fight against the pandemic, particularly with any further pandemic wave in the future.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Coronavirus (COVID-19) events as they happen. World health organization. 2020. Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>. Accessed on 2021, Nov 28.
2. COVID Live Update. Worldometer. 2021. Available at: https://www.worldometers.info/coronavirus/?fbclid=IwAR35ZFiRZJ8tyBCwazX2N-k7yJjZOLDQiZSA_MsJAfdK74s8f2a_Dgx4iVk. Accessed on 2021, Apr 30.
3. PAN H, PETO R, Henao-Restrepo A-M, Preziosi M-P, Sathiyamoorthy V, Karim QA, et al. Repurposed Antiviral Drugs for COVID-19 Interim WHO Solidarity Trial Results. *N Engl J Med.* 2021;384(6):497-511.
4. COVID-19 vaccine tracker and landscape. World health organization. 2020. Available at: <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>. Accessed on 2021, Apr 30.
5. BEDI A. PM Modi to launch Covid vaccination drive with two-way live webcast on 16 January. *The Hindu.* 2021. Available at: <https://theprint.in/health/pm-modi-to-launch-covid-vaccination-drive-with-two-way-live-webcast-on-16-january/584573/>. Accessed on 2021, Nov 28.
6. Vaccination above 45 years, All above 45 years of age to get COVID-19 vaccine from April 1: Government. *India News.* Available at: <https://www.timesnownews.com/india/article/all-above-45-years-of-age-to-get-covid-19-vaccine-from-april/736106>. Accessed on 2021, Nov 28.
7. Sarkar A, Chakrabarti AK, Dutta S. COVID-19 Infection in India: A Comparative Analysis of the Second Wave with the First Wave. *Pathog (Basel, Switzerland).* 2021;10(9):1-15.
8. Mallapaty S. India's massive COVID surge puzzles scientists. *Nature.* 2021;592(7856):667-8.
9. Singh S, Badaya S. Health care in rural India: A lack between need and feed. *South Asian J Cancer.* 2014;3(2):143-4.
10. Kumar A, Rajasekharan Nayar K, Koya SF. COVID-19: Challenges and its consequences for rural health care in India. *Public Heal Pract.* 2020;1(1):1-2.
11. An Illustrated Guide on COVID Appropriate Behaviour. Ministry of health and family welfare. 2020;1-54.
12. Kumar N, Raghunathan K, Arrieta A, Jilani A, Chakrabarti S, Menon P et al. Social networks, mobility, and political participation: The potential for women's self-help groups to improve access and use of public entitlement schemes in India. *World Dev.* 2019;114:28-41.
13. Niyonsenga T, Ahmad D, Mohanty I, Irani L, Mavalankar D. Participation in microfinance based Self Help Groups in India: Who becomes a member and for how long? *PLoS One.* 2020;15(8).
14. Aruldas K, Kant A, Mohanan PS. Care-seeking behaviors for maternal and newborn illnesses among self-help group households in Uttar Pradesh, India. *J Health Popul Nutr.* 2017;36(1):49.
15. Development mowac. Role delineation for frontline workers:a framework for convergence of Health and ICDS. 2013. Available at: <https://icds-wcd.nic.in/icdsimg/Role07114.pdf>. Accessed on 2021, Nov 28.
16. Nair MKC, Leena ML, George B, Sunitha RM, Prasanna GL, Russell PS. A panchayat level primary-care approach for adolescent services. *Indian J Pediatr.* 2012;79(1):6-10.
17. Singh R, Neogi SB, Hazra A, Irani L, Ruducha J, Ahmad D et al. Utilization of maternal health services and its determinants: a cross-sectional study among women in rural Uttar Pradesh, India. *J Health Popul Nutr.* 2019;38(1):13.
18. Dutta A, Fischer HW. The local governance of COVID-19: Disease prevention and social security in rural India. *World Dev.* 2021;138(2):1-11.
19. Government of India Ministry of Health and Family Welfare SOP on COVID-19 Containment and Management in Peri-urban, Rural and Tribal areas. India; 2021. Available at: <https://www.ncdc.gov.in/showfile.php?lid=570>. Accessed on 2021, Nov 28.
20. Global Risk Communication and Community Engagement Strategy. 2020. Available at: <https://www.unicef.org/media/90706/file/COVID-19-Global-Risk-Communication-and-Community-Engagement-Strategy.pdf>. Accessed on 2021, Nov 28.
21. Ranjan R, Sharma A, Verma MK. Characterization of the Second Wave of COVID-19 in India. *medRxiv.* 2021;121(1).
22. Raut A, Huy NT. Rising incidence of mucormycosis in patients with COVID-19: another challenge for India amidst the second wave? *Lancet Respir Med.* 2021;9(8):e77.
23. Kannan D, Gurusriram R, Banerjee R, Bhattacharjee S, Varadwaj PK. Will there be a third COVID-19 wave? A SVEIRD model-based study of India's situation. *Indian J Phys Proc Indian Assoc Cultiv Sci.* 2021;18(3):1-6.
24. Nesteruk I. The COVID-19 pandemic storm in India. *medRxiv.* 2021;2021

Cite this article as: Alekhya G, Sahoo BK, Taywade M, Pal D, Das K. Perspective of self-help groups, Panchayati Raj institution and adolescents on implementing COVID appropriate behavior in the community in rural settings. *Int J Res Med Sci* 2022;10:1568-71.