Evaluation of Health Education During Covid 19 in the City of Masvingo

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Abstract:- This study made an evaluation of health education during COVID 19 in the City of Masvingo. The literature of the study included the background to the study, statement of the problem, major research question, sub-questions, objectives, and significance of the study, delimitations, limitations, and definition of terms. The literature reviewed in this study was drawn based on the research sub-questions which focused on the evaluation of health education during COVID 19 in the City of Masvingo. The study discusses the research design, the population, the sample and sampling procedures which were used, the research instruments and explains data presentation and analysis procedures. The research design, the instruments and the samples adopted were justified. These include the selection of research design in which the researcher considered different views of other authorities which guided the researcher to select and use both quantitative and qualitative research. The sample population consisted of fifty (50) purposive selected participants chosen in Masvingo Urban. Data collection procedures highlighted how the researcher collected data using different instruments which included a questionnaire and interviews also the advantages and disadvantages were indicated. The presentation of data was guided by the research sub questions. Data was analysed and discussed in relation to literature. The findings of the study revealed that *COVID*-19 is not only an individual health issue but also engages caregivers, families, extended social networks, neighbourhoods, communities, health systems and organizations and governing/political systems. Structural changes in health promotion are requisite to sustain health during the COVID-19 and future pandemics. However, the researcher recommended that campaigns should elicit the help of religious and civil society leaders for maximum effect. In addition, governments should suspend all international travel to or from the most-affected countries, and quarantine citizens who have travelled to or through those areas for at least two weeks.

Keywords:- Health Education.

I. INTRODUCTION

Public health knowledge, expertise and a skilled workforce play a critical role in prevention of disease, promotion of health, developing programmes, monitoring and evaluation of health systems. Masvingo Province recorded its first case of COVID-19 on 23 May 2020. By 14 July 2020 the number of confirmed cases had risen to fifty-seven (57). Ever since the beginning of the outbreak, the World Health Organisation (WHO) has been backing the Ministry of Health and Childcare (MoHCC) to support Masvingo Provincial Rapid Response Team (RRT) through trainings, mentorship and capacitation to conduct case investigation and contact tracing activities. The study focus on evaluation of health education during COVID 19 pandemic in the city of Masvingo particularly Runyararo West.

Currently, people all over the world have been affected by coronavirus disease 2019 (COVID-19), which is the fifth pandemic worldwide after the 1918 flu pandemic. Ahmed, Allaf and Elghazaly (2020) purported that, it is traceable that the first report and subsequent outbreak is from a cluster of novel human pneumonia cases in Wuhan City, in China, since late December 2019. Similarly, late in 2019, a cluster of acute respiratory disease in Wuhan, China, was attributed to a new coronavirus, hence, it is named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). However, the disease was soon discovered that the virus is easily transmitted from one person to another and can cause severe disease. The COVID 19 pandemic is quite lethal especially in the elderly and those with comorbidities. It was clear that COVID 19 pandemic was global spread. Therefore, it is unstoppable since globally affecting several people and death rate increased across the world. Even with draconian containment measures, such as strict movement restrictions, the so-called lockdown, it spread. Additionally, within a few months the restrictions reached almost all countries and was declared a pandemic by the WHO. The researcher opted to find how the spread of awareness to the community can be made for the purpose of sharing knowledge.

During the COVID lockdown, medical colleges adopted different ways of teaching and learning (Ahmed *et al.*, 2020). Adjustments in assessment are also evident (Boursicot *et al.*, 2020). However, a comprehensive strategy is required to gauge not just the effectiveness of these new teaching/learning strategies but to also uphold the standards of medical education. The date of COVID 19 pandemic symptom onset was 1 December 2019. The symptomatology of the involved patients, included fever, malaise, dry cough, and dyspnoea, was diagnosed as viral pneumonia (Khorsandi, 2020). The press named the disease Wuhan pneumonia because of the area and pneumonia symptoms. Additionally, the whole-genome sequencing results showed that the causative agent that is a novel coronavirus (Ahmed *et al.*, 2020). Therefore, this virus is the seventh member of the coronavirus family to infect humans. The World Health Organization (WHO) temporarily termed the new virus 2019

novel coronavirus on 12 January 2020 and then officially named this infectious disease coronavirus disease 2019 (COVID-19) on 12 February 2020.

All countries faced their own 'COVID-19 epidemic' at different times that made an alarming world due to increase of death on daily basis. In only a few months, the scientific community started to learn the virus's characteristics and its manifestations in different contexts. Khorsandi, (2020)stated that, the health department across the globe are failing to understand fully why the virus spreads at different speeds and affects populations differently. It is important to make sense of those different expressions of the COVID-19 pandemic, to understand why COVID-19 follows variable wind resistance in ways that are often quite different from the collective image created by the mediatisation of the dramatic COVID-19 epidemics in densely populated areas.

The coronavirus COVID-19 pandemic is the defining global health crisis of our time hence, the pandemic has the greatest challenge that the world has encountered since World War Two. Since its emergence in Asia late 2020, the virus has spread to every continent except Antarctica. The number of cases used to rose on daily in Africa the Americas, and Europe. WHO (2020) pointed out that, countries are racing to slow the spread of the disease by testing and treating patients, carrying out contact tracing, limiting travel, quarantining citizens, and cancelling large gatherings such as sporting events, concerts, and schools, however, the researcher was concerned how people got real information since a lot of informal wrong information was spread mostly through social media. Most of the world's greatest cities are deserted as people stay indoors, either by choice or by government order (Khorsandi, 2020). Across the world including Zimbabwe, shops, theatres, restaurants and bars were closed to reduce the spread of the pandemic hence the use of masks was forced.

Every day, people are losing jobs and income, with no way of knowing when normality will return. Small island nations, heavily dependent on tourism, have empty hotels and deserted beaches. The International Labour Organization estimates that 25 million jobs could be lost due to pandemic. In Latin America, for example, over 50 percent of employment is in the informal sector FAO and CELAC (2020). Specific resources are available for health.

Professionals, including aged care providers, pathology providers and health care managers. In other words, there is a smattering of messages targeting young children mainly via YouTube. Khorsandi, (2020) expressed that, there is a serious deficiency of appropriate specific resources systematically embedded in schools to provide consistent messaging for children worldwide. Health education messages that are positive, engaging, entertaining, fun and humorous, while providing accurate age appropriate (Ashford et al., 2020). According to World Bank (2020) estimates, an additional 71 to 100 million people are likely to fall into extreme poverty as a direct consequence of the pandemic by the end of 2020. The World Food Programme estimates that an additional 130 million people faced acute hunger because of the crisis,

nearly doubling the 135 million people already facing acute hunger (Khorsandi, 2020).

The Government of Zimbabwe has declared a lockdown over COVID-19 and everyone is required to stay at home. People in Zimbabwe simply need to adhere to the directives by our certified health authorities and the government as this will help slow down the spread of COVID-19. Staying at home is one of the most effective ways to stay safe. The researcher was curious to assess the importance of health education during pandemics and emergencies on COVID 19 pandemic in after the observation of serious deficiency of appropriate resources during the pandemic. Therefore, the researcher was motivated to assist in addressing the gaps in health education, an interview was developed and a questionnaire was answered by randomly chosen people from the community. Hence, with the consensus from all respondents within the community as well as questionnaire was distributed to the selected sampled people within the community under study. The initial qualitative and quantitative exploration focused on experience of health education during pandemics and emergencies on COVID 19.

➢ *Statement of the Problem*
The effects of the COVID-19 epidemic manifest in peculiar ways in each context. In the early stages of the COVID-19 epidemic in sub-Saharan Africa, the virus first affected the urban elites with international connections. It is seeded to other sections of the society more slowly. In contrast, the collateral effects of a lockdown, even partial in many cases, which are mostly felt by the urban poor, as 'stay home' orders abruptly intensify hardship for those earning their daily living in the informal urban economy. This led the researcher to make an evaluation of Health Education during COVID 19 pandemic at Runyararo West in the City of Masvingo.

➢ *Objectives of the Study*
The study aims to:
- Assess the importance to convey health education message to the community
- Find out ways to control the pandemics and emergencies outbreak
- Challenges encountered during the health education programme
- Find out the role of health education during pandemics and emergencies outbreak

II. CONCEPTUAL FRAMEWORK

Health education and health promotion are two terms which are sometimes used interchangeably. Health education is about providing health information and knowledge to individuals and communities and providing skills to enable individuals to adopt healthy behaviours voluntarily. It is a combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes, whereas health promotion takes a more comprehensive

approach to promoting health by involving various players and focusing on multi-sectoral approaches (Perera, Timms and Heimans, 2020). Globally, the pandemic has become a fierce test in many ways. People now live in a dreadful moment with a potentially deadly pathogen on the loose. The psychological, religious, social and economic impact of the pandemic is real in Low-Middle Countries (African Union, 2020).

Cases of domestic violence, child abuse and neglect and the socio-economic acrimony emanating from the country's compromised social safety nets have been widely reported. The concept of 'healthy settings' which maximizes disease prevention through a whole system approach had emerged from WHO's Health for All strategy and Ottawa Charter (WHO, 2020). The National Rural Health Mission (NRHM) called for a synergistic approach by relating health education to determinants of good health such as segments of social distance, nutrition, sanitation, hygiene and safe drinking water and by revitalizing local traditions and Homeopathic systems of medicine to facilitate health care.
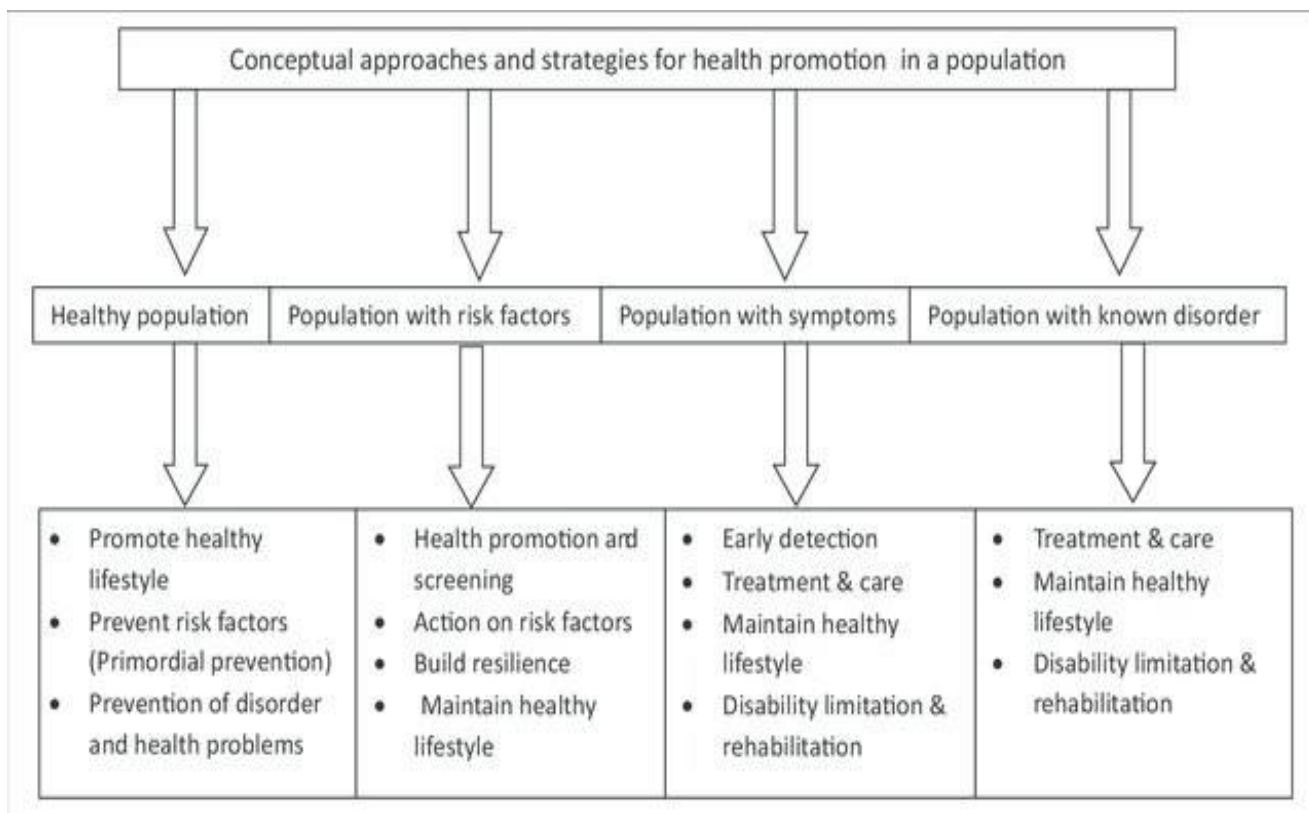

Fig 1: Conceptual framework for health education system (Frenk et al. 2010)

III. THEORETICAL FRAMEWORK

The behavioral change model was developed on the premise that providing people with information can alter their beliefs, attitudes, and behaviors. Consequently, health education campaigns have utilized this model, and it remains widely adopted alongside other models as part of comprehensive health initiatives. This model takes a preventive approach, concentrating on lifestyle behaviors that affect health. Essentially, it aims to encourage individuals to adopt healthier lifestyles, utilise preventive health services, and take charge of their own health. However, the behavioural change model promotes a medicalized perspective of health, which can sometimes lead to victim-blaming. It has been found ineffective in many instances because it overlooks the social determinants of health, including social, economic, cultural, and political factors (Frenk et al., 2010).

The activated health education model was used since it engages the participants in the assessment of their health during COVID 19 and the testing of the pandemic is practiced. The last stage of the model creates an awareness of the COVID 19 pandemic. Therefore, the model was a suitable for the study since health education model is a three-phased model that include the experiential phase that actively engages individuals in the assessment of their health. However, through these activities such as field study, laboratory screening and surveys of the target behaviour, enables the participants to become aware of their actual health status. The awareness phase provides the information that is a rationale for including the previously completed experiential activity (Van den Broucke, 2020). Additionally, it creates an awareness of the target behaviour. This phase focuses on increasing feelings of susceptibility and creating tension between actual and ideal behaviour. The responsibility phase in this model engages individuals in the change process. The health education model helps them identify and clarify their personal health values while

creating a tailored behavior change plan. Participants are introduced to self-management strategies and develop their own action plans, which incorporate self-monitoring, measurable goal setting, stimulus control, social support, and visual imagery to achieve their goals. The model consists of three phases: the first is awareness, the second is experiential, and the third is responsibility.

> *The Importance of Health Education Message to the Community*

COVID-19 is the first pandemic to impact the world since the early 1900s, highlighting existing global inequalities and inequities. Van den Broucke (2020) emphasized that addressing the pandemic requires not only a biomedical perspective but also a broader approach from the social sciences. This includes listening to and learning from diverse communities and health systems, maintaining flexibility to work across various sectors, and upholding social justice, equity, and human rights as fundamental principles in public health efforts. The pandemic situation sparked reflections on potential lessons for public health education. Just as past societal, political, and epidemiological changes have shaped public health, we believe that these challenging times can lead to a stronger public health framework.

Perera, Timms and Heimans (2020) purported that, the ongoing pandemic has clearly shown the global health community that there is a need to further strengthen capacity, competencies and knowledge in some areas of public health taught at this point, such as the politics of public health, working with communities in our approach to community engagement and building trust, and promoting interdisciplinary research. However, there are additional areas of knowledge and competencies that are critical to respond and manage such pandemics. The pandemic demands new investments in schools of public health, so that they develop and implement the delivery of some new courses and methods for achieving relevant competencies. There are some areas that needs to be considered by public health for the development of new or strengthened educational strategies in preparation of a post-COVID world wild that included people with disabilities and elderly.

Training is quite essential and expertise in supply chain management to equip the process of health education within communities (Van den Broucke, 2020). Therefore, the supply chain management must focus on prevention and healthcare is often taught in management schools but is either not covered or required in schools of public health. Procurement, storage, and distribution of drugs and other supplies, such as masks and other personal protective devices; equipment like ventilators; and COVID-19 vaccines have become a serious challenge, not only for the ministries of health but also for the global health agencies. This challenge requires expertise and contextualised solutions, in the current global public health workforce and that can change not only the future of COVID-19 and other disease threats but also health programmes in general.

A second need is expertise and proficiency to identify and diminish the effect and spread of misinformation and fake news (Van den Broucke, 2020). The WHO calls this an 'infodemic 'a vast array of information online and offline that undermines public health through disinformation and misinformation. Perera, Timms and Heimans (2020) expressed that, the most important aspect on health education is to mitigate the impact of this infodemic. In other words, the World Health Organisation (WHO) urges member states to increase their efforts to communicate clearly, taking into consideration the cultural perspectives of responses to epidemics/pandemics, scientifically accurate information and for technology companies particularly social media businesses to react more responsibly in relation to health communication and education. However, the power of online communication was that it is unmediated, peer distributed, spread through storytelling with an emotional pull, and is customisable messaging.

Van den Broucke, (2020) pointed out that, public health professionals need to understand the importance of this and learn and use communication messaging and guidelines within the new information ecology, and to be culturally appropriate and contextualised rather than being solely based on clinical management approaches, as was seen in many countries to manage COVID-19. Public health education must develop leaders who can keep pace, and institutions need to develop pedagogical strategies to learn and understand the new science and art of communication in health.

The rapidity of change in such approaches often outpaces usual education updates. Van den Broucke, (2020) pointed out that, the distribution of personal protective equipment, the allocation issues in vaccines, the ethical concerns around criteria, and the need for careful consideration of key technical and moral issues around COVID-19 unveiled an important need for such skills in health systems. The public health workforce of the future must be able to negotiate these sensitive and vital issues with an informed, pragmatic and ethical approach; and schools of public health can ensure that their graduates are enabled with these knowledge and critical skills. Therefore, public health education is the broadest bridge between science and society; and to maintain this position, a thoughtful quality improvement of public health education should be implemented for the community acquire knowledge concerning the COVID 19 pandemic.

> *How to Control the Pandemics and Emergencies out Break*

Improving the health of people is an essential and perhaps one of the most important functions of any government; health is not only a contributor to overall development but also an important factor in reducing poverty (Tamang et al., 2020). There is need to achieve health of their populations, nations build health infrastructure and invest in a well-trained health workforce. Public health knowledge, expertise and a skilled workforce play a critical role in prevention of disease, promotion of health, developing

programmes, monitoring and evaluation of health systems. Schools of public health and allied institutions all over the world play a keyrole in the production of such a workforce (Van den Broucke, 2020).

Between January and March 2020, discussions about COVID-19 on social media surged, resulting in 2.8 million tweets and 18.1 million retweets. Both accurate and inaccurate information circulated widely. Tamang et al. (2020) noted that a study conducted before the pandemic found that about half of medical tweets from professional accounts on Twitter were deemed false by expert review. Nevertheless, professional organizations play a crucial role in guiding clinicians to reliable sources and open-access educational resources. When users come across misinformation, they should actively work to challenge and correct it by referencing high-quality, evidence-based, peer-reviewed literature. Institutions and training programs had already implemented policies promoting responsible social media use before the pandemic (Van den Broucke, 2020).

➢ *The Role of Health Education during the Pandemics and Emergencies Outbreak*

During the COVID-19 pandemic, health promotion became increasingly vital for supporting the well-being of individuals in our communities. Van den Broucke (2020) highlighted that the true heroes in the battle against COVID-19 include virologists, epidemiologists, doctors, and nurses. While many actions taken are preventative, their primary focus is on disease prevention rather than health promotion. Health professionals emphasized the importance of health promotion activities that improve access to reliable information (Van den Broucke, 2020). These services are crucial for empowering individuals to take control of their health and well-being. Health education has played a significant role in combating a global pandemic like COVID-19.COVID-19 is a new disease that vastly spread globally like veld fire. The only measures that helped to prevent the further spread of disease is the containment of the virus and the spread of educational information about the pandemic.

At the onset of the COVID-19 outbreak, health authorities communicated warnings and recommendations through various platforms, including television and social media channels like Facebook, Twitter, and Instagram. This was often followed by implementing legal restrictions on people's movements, which achieved some success in controlling the virus (Van den Broucke, 2020). It was observed that changing people's behavior and perceptions takes time. Many individuals did not adhere to the restrictions because they felt at low or no risk, or they simply underestimated the severity of the situation. Therefore, promoting behavioral change requires encouraging individuals to adopt preventive measures in their daily lives by providing a clear rationale. Mahato (2020) noted that interventions such as social distancing, self-isolation, and quarantine led to increased isolation for vulnerable individuals in abusive home environments, which, in some cases, negatively affected community well-being.

Everybody had a key role to play in the prevention of COVID-19, but health education looks at the bigger picture to ensure people's well-being is not negative affected by general COVID19 preventative measures (Tamang et al., 2020). Health promotion messages were designed in a way that is understandable to the general public though it was difficult to adhere. In modern societies, new public health approaches are needed to be administered to local situations and needs. Since there is no vaccine available against COVID-19, the infection has been circulating rapidly within the population. Hence, the only measure was to adapt in a waythat prevent its further spread within the communities. Some of the preventive measures such as social distancing, frequent hand washing, wearing face masks and avoiding direct contact with sick people or suspected Covid-19 cases could reduce the risk of COVID-19 infection (Tamang et al., 2020).

Empowering the Organisation and Community was one of the important ways to empower community during public health emergencies, such as the COVID-19 pandemic. Health education was the other way to effectively engage community in risk communication. Working with national authorities and organisations such as the WHO, the public can be educated about this disease using multiple communication techniques such as social media, mass media (radio, TV, billboards) and stakeholder and community engagement (WHO Africa, 2020). Providing clear guidance on risk, prevention and awareness of symptoms to the communities in partnership with local organisations and community-based programming is the key. Mackey, (2020) supported that, empowering communities means educating people and encouraging them to change their behaviour for their own benefit but also that of others, to minimise the spread of COVID-19. Therefore, health education also provide the resources and opportunities to make such changes.

Tamang et al., (2020) asserts that, nowadays, there is a global acceptance that health and social wellbeing are determined by a lot of factors which are outside the health system which include inequities due to socioeconomic political factors, new patterns of consumption associated with food and communication, demographic changes that affect working conditions, learning environments, family patterns, the culture and social fabric of societies; socio-political and economic changes, including commercialization and trade and global environmental change. There are ways to counter the challenges due to the changing scenarios such as demographic and epidemiological transition. Mackey (2020) supported that some ways to counter challenges included, urbanization, climate change, food insecurity, financial crisis, etc. Health promotion has emerged as an important tool; nevertheless the need for newer, innovative approaches cannot be understated. Appropriate and timely health prevention messages act as a catalyst in preventing the spread of COVID-19 infection whilst health promotion will allow people to gain or regain over their health and well-being.

➤ *The Challenges Encountered During the Health Education Programme*

There are several challenges that are encountered during the health education programme that include dealing with wrong interpretation of information. Mackey, (2020) mentioned that virus keeps on spreading so does the risk of misinformation and false information which the WHO.

(2020) described as an 'infodemic'. When there is a lot of false or inaccurate information about the virus spreading amongst the citizens, its origin and effects as well as about the action of authorities to tackle the pandemic, is difficult. There are so many people who thinks reliable sources of information and guidance they might need to interpret the information provided is accurate. Whether the misinformation is profit or politically motivated, it is important to protect the public from false information regarding COVID-19. Besides by countering misinformation about COVID-19 by scientists, they can help policymakers avoid introducing harmful policies, improve public understanding of the pandemic and save lives (Fleming 2020). Since social media can become a gateway for the spread of misinformation some of the ways to fight misinformation are by sharing correct information, providing links to correct information, and sharing information only from credible sources such as WHO or US CDC (Campbell, 2020).

Mheidly and Fares (2020) expressed that negative mental health impact due to COVID 19 could have been caused by social distancing, lockdowns, fear of being infected with COVID 19, pre- existing mental health illness, low-income levels and educational status. Quarantine and social distancing are important controlling measures to COVID 19 which has elected the education system negatively, hence, the reported mental health problems must be addressed. The reported psychological impacts of COVID 19 on the students can have a negative elect on their academic performance and health respectively.

In a bid to contain and manage the spread of COVID-19, governments across the globe closed down their national borders while restricting internal migrations. Lockdown measures were the most common response adopted by many countries to reduce the spread of the virus while managing the symptoms of the infected (Alonso-Zaldivar et al., 2020). Zimbabwe like other countries announced its first 21-day lock-down measures starting on March 30, 2020. Additional measures were covered in statutory instruments further promulgated and passed. Some of the extraordinary measures introduced to combat COVID-19 are considered drastic as they infringe on basic human rights (Mheidly and Fares, 2020). These include rights such as freedom of movement and assembly, halting various religious and cultural activities. The lockdown regulations however, were supposed to be proportionate and reasonable (Harris, 2020).

The certain measures that were put in place included but not limited to; The Civil Protection (Declaration of State of Disaster: Rural and Urban Areas of Zimbabwe) (COVID-19) Notice, 2020 (Statutory Instrument 76 of 2020) declared the Coronavirus an infectious disease and a state of disaster; The Public Health (COVID-19 Prevention, Containment and Treatment)

Regulations, 2020 published as Statutory Instrument 77, 2020 declared the disease a formidable epidemic disease and, the (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020 contained in Statutory Instrument 83 of 2020 declared a period of twenty-one days of lockdown except for essential services and exempted cases. Regardless of the measures taken to combat the spread of COVID-19 in the early days, the pandemic continued to spread across the globe and that led to the extended lockdown and closure of national borders.

The effects of COVID- 19 continue to affect many across the globe. CCSA (2021) reported that about 8.8% of the global working hours were lost in 2020. This is four times greater than the job losses during the 2009 financial crisis. As a result, an estimated 1119–124 million people were pushed into poverty due to COVID-19. Baldwin and Tomiura, 2020) pointed out that as to high levels of contagiousness associated with COVID-19, as such, exposed everyone on the planet. This has earned the virus the title 'pandemic' (Mheidly and Fares, 2020). The potential impacts of COVID-19 required an introspection of the position of Zimbabwe, mapping the possible impacts relative to global projections. The article evaluates the possible impacts of coronavirus from psychological, legal, religious, demographic, urban and regional planning, business, political science, sociological and anthropological dimensions. The purpose is to try and map the current and future impacts of coronavirus with possible recommendations on prospects of a better Zimbabwe in post-COVID-19 times and how best the community should get educative information in time.

The outbreak of the coronavirus stands to bring the world into a recession, with the current growth in sub-Saharan Africa, Zimbabwe included and is forecast to fall sharply from 2.4% in 2019 to cover COVID-19 costs. The practicality of online examinations in Zimbabwe is a pipe dream as education policy frameworks do not have a provision for online examinations (Aljazeera. (2020). In addition, the COVID-19 resulted in the abrupt closure of schools and tertiary institutions. Health education enables distance learning to be an approach that teachers, lecturers and instructors and students pursue during the current COVID-19 lockdown (Campbell, 2020). However, this approach needs prior careful preparation and co-ordination. Firstly, there is need for management and administrators to design polices on distance teaching and learning. Distance learning also encompasses the development of textbooks and modules prior to the implementation of the strategy. However, module writing requires both content experts and instructional designers. In addition, the production of modules means that administrators should have ensured that

funds, personnel and time are managed so that modules are produced on time and numerous work tasks fit together.

Distance learning also encompasses the use of interactive technologies that as noted earlier, are a challenge in Zimbabwe. Teaching will resume once the lockdown is over (Campbell, 2020). However, this scenario would result in delays in examinations and subsequently completion of educational levels. Innovation and industrialization, the other two major components of Education 5.0, will be greatly affected provided that the current lockdown affects the completion of different projects housed in the different innovation hubs across tertiary institutions. It is concluded that COVID-19 by its nature is disruptive to everyday life, restrictive to human-social relations and is an instigator to tradition, spirituality and intellectuality in the country. Therefore, the challenge of the COVID 19 pandemic brings to society a deliberate consciousness that global processes and events are converging while local embeddedness is being entrenched through practices like lockdowns and confinement.

Several challenges were created by the rapid increase in peer-reviewed and non-peer-reviewed literature in staying up to date and ensuring accurate translation of data. The limits of traditional peer review were tested by the pandemic. Social media helped rapidly disseminate information, but the challenges of maintaining privacy, professionalism, and preventing the spread of misinformation were magnified.

IV. RESEARCH METHODOLOGY

Research methodology encompasses the concepts such as paradigm, theoretical model, phases and quantitative or qualitative techniques.

➤ *Research Design*
The research design is the general research strategy that outlines the way in which research is to be undertaken and, among other things, identifies the methods to be used in it (Cresswell, 2019). The methods, that are applied in the research methodology described and define the means or modes of data collection. This research understudy applied the mixed method research design that involves the quantitative and qualitative design. In other words, a method applied shows, how a specific result is to be calculated.

➤ *Research Instruments*
Research instruments that were used under this study include questionnaire, and interview. Essentially it is very important for the researcher to ensure that the instrument chosen is valid and reliable. Whatever procedure one uses to collect data, it must be critically examined to check the extent to which it is likely to give you the expected results.

➤ *Research Setting*
The research setting refers to the place where the data was collected. In this study, data was collected at Masvingo Runyararo West Clinic. The researcher chose this place because there are chances to meet people from various parts of Masvingo Urban. Fifty (50) participant answered a

questionnaire and five were interviewed.

➤ *The Findings on Health Education During COVID-19 in The City of Masvingo*
The findings of this study included the effectiveness of health education campaigns, the level of public awareness and behaviour change, and the challenges faced in disseminating health information during the pandemic.

➤ *Effectiveness of Health Education Campaigns*
The study highlighted the level of awareness among the people of Masvingo regarding COVID-19, its symptoms, modes of transmission, and preventive practices. Health education significantly contributed to this high level of awareness, with the Ministry of Health's awareness campaigns playing a key role in the success of these efforts (Bogdan and Biklen, 2013). The findings revealed that people obtained information about the pandemic from various sources, including radio, social media, and community outreach programs. Some respondents indicated that social media was particularly effective in reaching the population though exaggerated information was conveyed. Additionally, the research found that in Masvingo, local radio stations, community health workers and public posters were also instrumental in disseminating information. However, some participants noted that social media occasionally spread misleading information.

Therefore, health education initiatives from the Ministry of Health need to be effectively managed to prevent confusion within the community and to ensure message clarity. This study, in particular, assessed whether the health messages were clear and culturally relevant, aiding the community in grasping the seriousness of the pandemic and the significance of preventive actions.

➤ *Behavioural Changes*
The study examined the degree to which the population adopted behaviors like mask-wearing, social distancing, and hand hygiene. A rise in these practices signified the effectiveness of health education. Additionally, if the evaluation includes the vaccination period, it could analyze how health education impacted vaccine uptake across various demographic groups in Masvingo. The findings also investigate how attitudes toward the COVID-19 pandemic and health education initiatives developed over time.

➤ *Challenges Faced*
The study's findings highlighted the prevalence of misinformation and its detrimental effect on health education efforts. In numerous areas, misinformation about COVID-19 posed considerable challenges. The findings also pointed to limitations in funding, healthcare infrastructure, and personnel that hindered the effective delivery of health education. The study emphasized how cultural beliefs, literacy rates, and economic conditions influenced the success of health education campaigns. In Masvingo, for instance, some communities had restricted access to digital platforms, which required alternative communication methods. However, social media, one of these alternatives, occasionally spread false information about the pandemic.

➢ *Community Engagement*

The study's findings demonstrated the involvement of local leaders, traditional healers, and community organizations in spreading health information and promoting adherence to health guidelines. Additionally, mechanisms were established that allowed the community to give feedback on the health education they received, and this feedback was utilized to enhance ongoing efforts.

➢ *Outcomes And Impact*

The findings also pointed out that if the evaluation was thorough, it might correlate the timing and intensity of health education efforts with trends in COVID-19 cases and fatalities in Masvingo. A reduction in cases following significant health education efforts would be a positive outcome which also considered whether the health education had a lasting impact on public health behaviours beyond the pandemic, such as improved hygiene practices.

V. DISCUSSION OF THE FINDINGS

During the interview most of the participants pointed out that,

"addressing the pandemic requires not only a biomedical approach but also incorporating a broader social sciences approach to health, and most fundamentally, listening and learning from existing diverse communities and health systems, flexibility and capacity to work across sectors, and recognition of social justice, equity and human rights as basic principles, while undertaking public health actions in diverse contexts".

This situation provoked thinking around potential lessons for public health education. Just as earlier societal, political and epidemiological shifts prompted developments within public health sector. When asked that how people are coping some of the respondents stated that,

"incorporating a broader social sciences approach to health is very important to our social life, listening and learning from existing health systems, flexibility and capacity to work across sectors are applied within the community for the prevention of COVID19 pandemic".

➢ *Are there any Psychological Copying Mechanisms that People Found Useful during the Lockdown?*

When asked about psychological copying mechanisms that people found useful during the lockdown some of the participants expressed that

"the experience of worries about finances, basic needs, and events related to Covid-19were associated with a range of strategies".

The experience of financial adversities was associated with problem-focused, emotion-focusedand avoidant coping. It is important to adopt community engagement strategies in the process of developing and maintaining relationships among the stakeholders. The respondent further expressed that,

"It is vital to work together and promote well-being for long-term positive outcomes, based on trust, respect, and a sense of shared purpose. These relationships span all levels, from the micro (individual) to the meso (groups) to the macro (systems and institutions)".

➢ *What Physical Strategies did People Turn to during the Involuntary Lockdown?*

When asked about physical strategies one of the participants said,

"The pandemic is a call for humanity to remove inequities that divide and engage in solidarity. Equity is the lighthouse to drive decision making, replacing survival of the fittest to face the pandemic with empowerment and support for people across the globe". Therefore, people should exercise the strategies that is advised by WHO such as maintaining social distance, washing of hands, and sanitising always. The working environment should be sanitised, and people should avoid gatherings. Policies promoting health promotion messages on physical distancing, using personal protection equipment, particularly masks, and good hygiene were implemented duringthe COVID-19 outbreak".*

This is aligned with the recommendation of Lieberman *et al.* (2019) to focus on policy and environmental changes rather than individually orientated health promotion programs. Therefore, health education enables to support individual behaviour change, it is critical to implement policies for enabling environments, supporting health literacy across all populations, especially those who are marginalized and most vulnerable.

During the interview the interviewee stated that the health education challenges duringpandemic were that,

"one of the areas most affected by the virus is education which has been halted or slowed dramatically by restrictive laws and the establishment of social distancing. Educational institutions have been closed in 182 countries including Zimbabwe and conventional university education has been hindered".

In addition, more than 90% of the world's student population has been affected by the virus and the pressure on higher education systems to change their approach to distance learning (e- learning) has been maximized. In response to this threat, all educational systems and professionals tried to act appropriately by finding effective solutions to minimize the adverse effects of the pandemic on the field of education.

"*Numerous coping strategies have been identified, that included self-distraction, active coping, denial, substance use, use of emotional support, use of informational support, and behaviouralchanges".*

These different coping strategies are often categorised into different groups. For example, approach strategies typically focus on the stressor and one's actions towards it seeking emotional support or planning to resolve and reduce stressors while by contrast,

'avoidant' strategies seek to avoid the stressor and ones reaction to it withdrawing from others, substance use, and denying the reality of the stressor.

➢ **What Are The Health Education Challenges, During Pandemics And Emergencies OnCOVID 19?**

The current challenges include:
"building best practices and investing resources in health promotion focusing on health literacy, health education, accessible and appropriate health information, and healthcare, especially in a new technological age with social media and telehealth, during a pandemic".

The respondent further stated that,
"there is the need for valid and reliable data and evidence regarding health promotion/health literacy solutions for equitably improving and sustaining health for all, during an emergency; preparing for expected future challenges such as vaccine resistance and supporting those chronically disabled by COVID-19".

"Some of the people pointed out that social media sometimes convey exaggerated information concerning the pandemic such as if you get injected you will die sooner"

➢ **What Is The Importance Of Health Education Message To The Community?**

These cases across diverse locations and health and education systems highlight challenges, recommendations, and solutions during the pandemic across various stages in the lifespan andlevels of the SEM. It was acknowledged that

"an individual-level focus only is not sufficient for sustainable behaviour change, whereas a focus on interpersonal, organizational, community, policy or cross-cutting efforts are critical given the multi-layered challenges in COVID-19".

The participant further explained that,

"struggles include coping with mental health, stress, loss of service accessibility, socialconnectivity and the needs of vulnerable populations. The cases provide researchers, practitioners and policy makers brief but rich examples highlighting multi-sectoral approaches across the levels".

➢ **How Can You Control The Pandemics And Emergencies Out Break?**

The findings revealed that

"Transparency and clear communication are necessary to inform and build trust. This is vital during a pandemic, especially when its course is constantly changing, lingeringlonger than expected".

The interviewee further stated that,

"trust is built by acknowledging that guidelines reflect the best knowledge accrued to date but may change as the science and study of the pandemic unfolds, especially to ensure patients' understanding and meeting their needs. It is important to note that information collected through mass media and crowd sourcing may not be systematic nor accurate and may amplify the detrimental infodemic".

➢ **What Is The Role Of Health Education During The Pandemics And Emergencies Outbreak?**

Some of the participants expressed that:

"addressing the needs of vulnerable populations in the appropriate language and cultural context is key".

The other effort that was mentioned was involving the method of putting an effort. The effortwas

"to meet the people where they are, with what they need to stay healthy, while considering the inherent challenges of physical distancing. The needs of the hidden groups must be acknowledged, such as people with mental health challenges and people with disabilities who refrain from seeking care and children remaining at home, disconnected from technology whose family's strife or hunger is often invisible".

During the interview it was revealed that,

"COVID-19 is not only an individual health issue but also engages caregivers, families, extended social networks, neighbourhoods, communities, health systems and organizations, and governing/political systems. Structural changes in health promotion are requisite to sustain health during the COVID-19 and future pandemics".

One of the most important things that was explained was sustained action. Some of the findingsrevealed that,

"Existing health promotion policies during a crisis should not be ignored. Further explained that a strong health promotion infrastructure must be maintained to meet both immediate and long-term needs".

However, for migrant workers, poor living conditions and environment prevented them from practicing proper preventive measures.

Some of the participants purported that,

"Ongoing programs such as routine vaccination, smoking prevention/cessation, and mammograms, must be sustained and resources must not be diverted elsewhere when addressing a health crisis such as COVID-19". Hence, the immediate and long-term effects of this pandemic on individual health, community well-being, and health systems are still emerging. While some nations remain in active crisis, nearly all are in a new normal with

changes likely to stay, especially the shift to digital communication, interventions, and healthcare.

VI. CONCLUSION

In conclusion, WHO is the main international body that is recognized world-wide to provide information to the public in regards to health sector and governments concerning the pandemic for the public to incorporate global situation updates; information on transmission; signs and symptoms of infection; prevention and control practices such as good hygiene and physical distancing also specific information for pregnant women, or those recently visiting or returning from hot spot areas. The study concluded that, resources for the media also explain how to relay messages regarding prevention measures.

Despite public health campaigns regarding the use of a face masks and social-distancing in the United States, the local transmission of COVID-19 throughout different parts of the country continues to rise. While many people follow public health recommendations to the use of face mask and practice social distance in public to limit the spread of the virus, others passionately fight against them. It is important to understand how educating the population on the importance of using a face mask and social distancing could reduce the spread of the virus.

The COVID-19 pandemic is not the first experience to affect education, especially medical education; the SARS epidemic of 2003 impacted education, albeit to a less drastic extent. However, the effects of the COVID-19 pandemic will be much broader and long-lasting. Therefore, studying the challenges and opportunities created by the current pandemic in health education help the community to adapt more effectively to the new conditions and ensure the continuity of education. Health education will also help prepare the community to minimise disruptions in medical education in the event of an emergency. This poses a special opportunity for medical education faculties to examine the impact of the crisis on medical teaching and training, and to ensure quality medical education even during an epidemic. Thus, in addition to the need to identify challenges for immediate elimination to minimize damage, such crises also provide an opportunity for faculties to use new technologies in medical education. Therefore, the present study examines the challenges and opportunities created by the COVID-19 pandemic in medical education.

During this period, the entire population was instructed to "stay at home," allowing only one exercise break per day, unless they needed to procure food or medicine, care for the sick, or work in essential roles. Over time, this approach proved effective, leading to reduced infection rates, prompting the Government to ease restrictions in June and July. Measures must be enforced to minimize human casualties; if containment efforts are not prompt, the death toll could rise sharply, and economic growth may suffer.

Residents came to rely on the goodwill of their neighbors daily, recognizing their interdependence during crises. In communities where these norms are well-established, they can better endure and recover from unexpected challenges, including both human-made and natural disasters.

RECOMMENDATIONS

The researcher recommended that,

A priority setting and resource allocation should become core to any public health education curriculum. Therefore, lectures on these topics are often found in courses on management, health systems or ethics.

To achieve these goals, a three-step approach that include contain the spread of the virus; swift treat identified cases; and adopt swift cushion the economy from the effects of the pandemic.

Countries should step up campaigns to educate the public on best practices, including promoting good hygiene and social distancing, discouraging large public gatherings, and encouraging employers to protect the jobs of employees who require quarantine or treatment.

Campaigns should elicit the help of religious and civil society leaders for maximum effectiveness.

In addition, governments should suspend all international travel to or from the most-affected countries, and quarantine citizens who have travelled to or through those areas for at least two weeks.

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