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Sociological approach to the state-society communication under infodemic: Collective information hygiene in Indonesia*

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Abstract. The paper examines how a well-designed training program can enhance the critical media literacy skills of public health promotion officers, changing how the state communicates with society under infodemic. The authors applied an explanatory sequential mixed-methods approach that combines quantitative and qualitative data collection and analysis: quantitative data is collected first, followed by qualitative research to explain and assess quantitative findings. In the quantitative research, 47 key employees participated in pre- and post-testing and N-Gain analyses in six domains: basic health communication concepts, audience segmentation, key message design, cultural adaptation, risk communication, and digital/media literacy. In the qualitative research, the participants' essays were analysed using thematic coding to identify changes in their understanding of the media, power and their professional communication responsibilities. The quantitative data showed a significant improvement in total test scores from pre-test to post-test, with N-Gain figures indicating moderate to high learning gains, particularly in fundamentals and key message formulation. Thematic analysis demonstrated a shift from a transmission-oriented model of communication to critical, participatory and self-reflective models, highlighting the importance of fact-checking, information integrity, and the use of culturally relevant messages. The research emphasizes the potential of health communication training for public-sector professionals in low- and middle-income societies to develop the critical media literacy, thereby providing empirical and pedagogical grounds for enhancing trust, legitimacy, and media literacy education in complex information environments.

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In contemporary healthcare, communication is no longer a peripheral activity but a core component of how institutions manage risks, shape behaviour, and ensure or lose public trust. The covid-19 pandemic showed that public health systems operate within digital ecosystems in which misinformation, disinformation and low-quality content circulate rapidly across the social media and online platforms [20]. Infodemic defines a situation of too much information including fakes in digital and physical environments. In case of a disease outbreak, infodemic can cause confusion and lead to mistrust in health authorities when people are unsure about what they need to do to protect their health. In such environments, people do not merely receive information — they actively interpret, change and redistribute it, often in ways that amplify existing social vulnerabilities and inequalities [9; 35]. Thus, critical media literacy has become the centre of current debates on health communication, particularly in education systems and professional fields in the Global South that undergo rapid digital transformation [1].

Critical media literacy as a multilayered competence that includes not only accessing and understanding information, but also considering how the media construct reality, frame problems, and reproduce power relations [30]. From this perspective, health professionals are to move beyond “correcting” misinformation through one-way messages toward practices that invite communities to consider the media critically, recognize manipulative frames, and co-create more equitable health narratives [19]. Debates in digital education and AI-mediated communication highlight similar challenges: emerging infrastructures of automation and AI-generated content may simultaneously expand access to information and deepen bias and vulnerability to manipulation [8; 22].

Public health scholarship has begun to document how media and information environments affect health particularly in low- and middle-income countries. Studies of risk communication and community engagement show that digital platforms can facilitate rapid dissemination of preventive messages while intensifying distrust when communication is perceived as top-down, moralizing or insensitive to local realities [14]. Studies of tropical and infectious diseases in resource-constrained settings similarly illustrates how gaps in media literacy, stigma and sensationalist reporting can undermine surveillance, care and cooperation [16; 18]. At the same time, there is growing concern about the mental health implications of prolonged exposure to polarized media environments, especially among children, adolescents and professionals of health systems [2; 34]. These findings suggest a double demand

on health workers: they must be resilient navigators of the complex media ecologies for their own well-being and act as guides and educators for communities.

Indonesia provides a compelling context for exploring these dynamics. As a large democracy with the high social media penetration and persistent health inequities, Indonesia has a polarized information environment. Health promotion officers in such urban centres as Jakarta are expected to communicate about non-communicable diseases, infectious outbreaks, maternal and child health, mental health, and environmental risks, while also responding to rapidly changing narratives online. Studies in Southeast Asia and Eastern Europe show that the quality of public information and the presence/absence of critical media literacy significantly influence how communities respond to vaccination campaigns, child and adolescent mental health services, and so on [36]. Education and development research further emphasize that efforts to develop media and digital competence should be contextualized, culturally sensitive and linked to broader agendas of citizenship, social justice and democratic participation rather than treated as purely technical skill training [7; 21].

There are gaps at the intersection of critical media literacy, health communication, and professional training. First, much of the media literacy research focus on school and higher education students rather than on professionals in public sectors [2]. Second, evaluations of training programs (In education, digital literacy or public health) often rely on self-reported satisfaction and general perceptions of usefulness, with limited integration of quantitative measures and qualitative insights that would show how competencies change [28]. Third, empirical research in low- and middle-income settings remains scarce with respect to how health workers reframe their understanding of the media, power and health after targeted training, particularly in high-stakes contexts shaped by pandemics, child and adolescent mental health concerns, and structural inequities [13; 26].

Our study responds to these gaps by placing critical media literacy at the core of training programs for public health promotion officers in Indonesia and by evaluating this intervention using an explanatory sequential mixed-methods design. Rather than treating media literacy as additional, the training explicitly engages participants with issues of misinformation, credibility, ideology and cultural representation in health communication, while also introducing practical tools for message design, audience segmentation and digital engagement. By combining pre- and post-training assessments with thematic analysis of essays, the study seeks to show not only whether competencies improved, but also how participants began to question their communicative roles within media and institutional ecosystems.

The study has three interrelated objectives: to evaluate the impact of a structured training intervention on the public health promotion officers' critical media literacy, particularly on understanding of health communication, audience segmentation, message design, cultural adaptation, risk communication, and digital/media literacy; to assess how participants conceptualize and apply critical

media literacy in their professional activities after training, as reflected in their written reflections on misinformation, trust, representation, and community engagement in health communication; to combine quantitative and qualitative findings to identify mechanisms of learning and remaining gaps and develop the media literacy education methods for public health professionals in low- and middle-income countries.

The study is based on an explanatory sequential mixed-methods design. It began with the quantitative data collection and analysis [29] followed by qualitative analysis in order to evaluate the efficiency of training in improving critical media literacy and health communication competencies, to map how participants understand and apply these competencies in their work, and to develop an integrative framework to strengthen the evidence-based health communication strategies [5]. In the quantitative study, 47 health promotion officers took a pre- and post-test of six core competencies: basic health communication concepts, audience segmentation, key message formulation, cultural and local contextual adaptation, risk communication, 360° communication strategies, digital literacy and critical thinking (17 multiple-choice questions and five essays). The qualitative study focused on changes in participants' thinking, analytical patterns and competencies after training — participants wrote essays on five issues: audience segmentation, key messages, risk communication, adapting messages to local values, and digital literacy under infodemic. Open, axial and selective coding allowed to identify 30 codes: fact-checking, public trust, information integrity, ethical scepticism, holistic content, issue mitigation, and segmentation convergence. These codes were grouped into thematic categories showing how participants reconstructed their roles in managing health information, maintaining message integrity, addressing misinformation, and building public trust through culturally sensitive communication. Thus, the study not only assessed improvements but also showed how and why training had an impact, for example, shifting participants' orientation from one-way communication to participatory, critical, and community centred.

The Paired-Samples T-Test was used to assess whether there was a significant difference between participants' pre- and post-test scores following health communication and critical media literacy training. The average pre-test score was 46.53, and the average post-test score was 48.55, the standard deviation, correspondingly, — 2.88 and 3.58, the standard error — 0.42 and 0.522. Since the average pre-test score was lower than the average post-test score, the pre-test/post-test difference in average understanding of health communication content-creation strategies among health promotion officers in Jakarta was statistically significant. The Paired-Samples T-Test was also used to assess whether there was a significant difference between participants' pre- and post-test scores following health communication and critical media literacy training to ensure that the observed changes were a real effect of training. The average difference between the pre-test and post-test was -2.02128, meaning that post-test scores were

consistently higher than pre-test scores. The standard deviation of the difference was 4.51803, and the standard error — 0.65902, indicating that the variation was within acceptable limits. The analysis showed that there is a statistically significant difference between the pre-test and post-test scores, i.e., training had a meaningful impact on participants' understanding of health communication strategies. The 95% confidence interval for the mean difference further confirms that post-test scores are consistently higher than pre-test scores (-3.34782 — -0.69473). The gain analysis was conducted to measure the difference between the pre-test and post-test scores and N-Gain: most participants (22) were in the high category, 1 — in the medium category, and 3 — in the low category, which suggests that training improved participants' understanding and competency in health communication and critical media literacy. Thus, the quantitative analysis provided evidence that the training program measurably improved participant skills.

The next step was qualitative analysis to understand how participants internalized and applied new knowledge. Participants' essays revealed such themes as fact-checking, information integrity, public trust, ethical scepticism, issue mitigation, and holistic message framing, reflecting a shift in participants' roles from providing information to being critical, reflective, and socially and culturally sensitive health communicators. Participants demonstrated increased awareness of verifying information, considering cultural values in message development, and responding to challenge of misinformation with more analytical communication strategies. Thus, the qualitative analysis not only complemented quantitative findings but also provided a deeper understanding of the mechanisms of change during training. For example, the increased scores of key messages and risk communication in the quantitative analysis were supported by qualitative findings proving participants' ability to convey more realistic and risk-mitigation-oriented messages. Moreover, several aspects that did not show significant quantitative improvement (audience segmentation and 360° communication strategies) were also reflected in the qualitative analysis in the minimal number of related codes, indicating that such competencies still need to be developed. Thus, together quantitative to qualitative findings suggests that training did not only improved participants' skills "statistically" but also developed their critical and contextual thinking, assessment, and design of health communication.

Thematic analysis involved open coding → axial coding → selective coding to organize indicators/code groups and then combine them into strategic themes that health promotion officers can directly use (table 1). Figure 1 positions "Health Communication Content Development Strategy" at the centre and organizes participants' ideas into five interrelated thematic clusters: (1) "Scepticism as Professional Ethics" — critical media literacy as an ethical obligation rather than a purely technical skill (critical analysis, anti-hoax efforts, information integrity, truth and data validation as part of the professional position based on ethical scepticism and a holistic approach to information); (2) "Collective Information

Hygiene” — misinformation not as an individual failure but as a shared social risk (fact-checking, source verification, message security, content reliability, anti-misinformation, and broader info-hygiene and collective protection, suggesting that health communication must develop protective norms at the community level); (3) “Framing Parental Responsibility” — how participants connect health communication to the moral economy of family life (parent framing, roles, love and family hygiene, specific practices of breastfeeding, anti-stunting and mandatory immunization — all under the umbrella of child rights); (4) “Integration of Technical and Moral Aspects” — attempts to merge segmentation and emotional design with value-based communication (emotional messages, holistic content, health trusteeship, future impact, moral values and segmentation convergence as components of ethical conviction); (5) “Communication as Institutional Legitimacy Protection” — institution protection and institutional legitimacy, quick response, pre-crisis planning, issue mitigation, continuous evaluation, and public trust). Together, these clusters show how health promotion officers conceptualize content development as a multi-layered practice (information quality, family responsibilities, moral values, and legitimacy of public institutions).

Table 1

Qualitative data coding

Anti-Hoax	Health-Trusteeship
Anti-Misinformation	Holistic-Content
Anti-Stunting	Holistic-Perspective
Message-Security	Info-Hygiene
Child-Rights	Information-Integrity
Critical-Analysis	Institution-Protection
Collective-Protection	Institutional-Legitimacy
Breastfeeding-Nutrition	Data-Validation
Content-Reliability	Issue-Mitigation
Continuous-Evaluation	Mandatory-Immunization
Moral-Values	Ethical-Scepticism
Emotional-Message	Parent-Framing
Quick-Response	Parental-Love
Fact-Checking	Parental-Role
Fair-Truth	Pre-Crisis
Family-Hygiene	Public-Trust
Future-Impact	Segmentation-Convergence

Thus, quantitative results indicate that the critical media literacy training for health promotion workers significantly improved their knowledge, attitudes and skills in assessing health information. The increase in average scores before and after training is consistent with research findings on the efficiency of health literacy and digital health literacy training, which show that structured training can improve knowledge, self-efficacy and the ability to use health information effectively [18; 23]. From the critical health literacy perspective, this improvement reflects a shift from just understanding health messages to reflective questioning their purposes, power relations, and social impacts [11; 32]. Qualitative findings clarify how these improved scores are reflected in professional activities: scepticism as professional ethics (critical analysis, rejection of hoaxes, data validation and ethical scepticism) supports the argument that the critical (digital) health literacy is a core competency for health workers rather than an additional skill [31]. Other studies show that healthcare workers with high health and digital literacy can assess reliability of sources, fill patient knowledge gaps, and prevent misinformation [20; 22]. Moreover, in middle-income countries, the participatory health literacy development improves community health behaviour patterns, although their sustainability depends on the institutional and policy support [17].

The theme of collective information hygiene (fact-checking, source verification, message security, content reliability) indicates that participants perceive hoaxes not as an individual problem, but as a collective risk that threatens public trust. This is consistent with studies which emphasize that addressing misinformation requires an information ecosystem approach rather than just education and training [14; 24; 25]. Digital interventions combining media literacy training, platform-based feedback, and reporting problematic content reduce vulnerability to misinformation, particularly when accompanied by case studies relevant to the audience's social context [13; 39]. Our findings prove that framing "information hygiene" as a collective responsibility increases officers' motivation to conduct a cross-source check.

The framing "parental responsibility" and themes related to children's rights, stunting, immunization, and breastfeeding indicate that participants understand the importance of family-based health messages, and health messages linked to children's future and parenting values are more persuasive [40; 8]. Furthermore, studies of the determinants of stunting emphasize that technical information needs a framework of family values and local norms to be effective. The framing "integration of technical and moral aspects" indicates that participants combine epidemiological data with emotional, value-based messages, and studies prove that media literacy interventions that combine cognitive, emotional and moral aspects are more effective in increasing resilience to misinformation [10; 33]. Global media literacy studies emphasize the importance of being critical to digital

technologies and capable of assessing ethical implications of message production and distribution [5]. Therefore, the reconstructed health communication strategy can be considered a local adaptation of the critical media literacy agenda for wellbeing.



Figure 1. Health Communication Content Development Strategy

The framing “communication as institutional legitimacy protection” indicates that participants understand public communication as an instrument for legitimizing health institutions: transparency, consistency and recognition of uncertainty in public communication play a crucial role in increasing public trust [24; 26]. Furthermore, institutions that effectively address disinformation are better able to maintain social legitimacy [12]. Our concept map, linking quick response, issue mitigation and public trust, illustrates how critical media literacy functions as a mechanism for protecting institutional legitimacy.

Theoretically, our study contributes to the discourse on digital health literacy in developing countries. Global research indicate that digital health literacy has a positive impact on preventive behaviour, healthcare utilization, and mental health, but there is still not enough data on the critical, ethical and political aspects of information in this context [3; 27]. Our study fills this gap by showing that training focused on local issues (immunization hoaxes, stunting, religious and cultural values) can provide a conceptual framework linking professional scepticism, information hygiene and institutional legitimacy, which is in line with recommendations that literacy development needs information ecosystem transformation rather than just individual skills improvement [38]. The most effective digital health literacy programs are generally multi-layered, combining in-person training, online modules, technology support and strengthening professional networks [18]. Their efficiency increases if they are based on the local cultural context and professional roles of participants (health workers, the elderly or migrant communities) [6; 37]. Our study demonstrates that training of health promotion specialists as part of the immunization campaign for stunted children can produce significant cognitive and ethical changes.

However, several limitations of our research should be noted. Although findings suggest that while targeted interventions can improve communication skills, they are insufficient to fully address structural and social-cultural challenges of contemporary information environments. In sociological terms, the training did not simply improve technical capacity but also fostered new ways of considering the communicative relationship between state actors and citizens in the mediatized health system; however, the absence of a control group, the short follow-up period, and the focus on one metropolitan region limit the generalisability of findings. Moreover, variations in digital context, levels of public trust and information culture can reduce the impact of media literacy training [15]. Furthermore, short-term post-intervention measurements do not capture the sustainability of behaviour changes, and training effects may be diminished without additional incentives or organizational structural support [10].

Future research should have longitudinal and comparative designs to assess how improved critical media literacy of public sector professionals affects public trust, health behaviours and broader state-society relations. From this perspective, the Indonesian case illustrates that investing in critical media literacy is not a marginal pedagogical choice, but a structural requirement for health systems seeking to maintain legitimacy and efficiency in complex information environments. The critical media literacy training needs to be integrated into health worker's development programs, particularly in quality management systems, issue management and risk communication, and such a large-scale approach requires national policy support, adequate digital infrastructure and cross-sector partnerships.

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Социологический подход к коммуникации между государством и обществом в условиях инфодемии: коллективная информационная гигиена в Индонезии*

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Аннотация. В статье рассмотрены различные аспекты программы обучения, способной повысить навыки критической медиаграмотности специалистов по пропаганде здорового образа жизни, тем самым изменив способы взаимодействия государства с обществом в условиях инфодемии. В исследовании было использовано сочетание методов — последовательный сбор и анализ сначала количественных данных (опрос 47 сотрудников здравоохранения, прошедших предварительное и итоговое тестирование), а затем качественных данных, призванных уточнить и объяснить результаты количественного этапа. К последним был применен N-Gain анализ по шести областям: основные концепции коммуникации в сфере здравоохранения, сегментация аудитории, разработка ключевых сообщений, культурная адаптация, информирование о рисках и цифровая/медийная грамотность. Материалы качественного этапа были проанализированы с помощью тематического кодирования для выявления изменений как в понимании респондентами роли средств массовой информации и государства, так и своих профессиональных обязанностей в сфере коммуникации, необходимых для ведения диалога с разными социальными группами и сообществами. Количественные данные показали значительное улучшение общих результатов тестирования специалистов по пропаганде здорового образа жизни после обучения (средние и высокие показатели усвоения материала, особенно в плане понимания основ формулирования ключевых сообщений). Тематический анализ подтвердил переход респондентов после обучения от модели коммуникации, ориентированной на передачу информации, к критическим, основанным на участии и саморефлексии моделям (осознание и признание важности проверки фактов, целостности информации и использования сообщений, соответствующих культурным особенностям регионального сообщества). Исследование подчеркивает значение обучения специали-

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стов государственного сектора в сфере здравоохранения в странах с низким и средним уровнем дохода для повышения уровня их критической медиаграмотности, поскольку такое обучение выступает фактором повышения социального доверия и институциональной легитимности в сложных информационных средах.

Ключевые слова: N-Gain анализ; коммуникация в сфере здравоохранения; отношения между государством и обществом; содействие общественному здравоохранению; инфодемия; цифровая грамотность; смешанные методы исследования; Индонезия

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