

## Call for Book Chapter Manuscripts

### **The Handbook of Communication in (pre & post)Pandemics: South Asian Perspectives on Securing Health and Well-Being**

We are inviting authors to submit chapter manuscripts for a forthcoming handbook, tentatively titled *The Handbook of Communication in (pre & post)Pandemics: South Asian Perspectives on Securing Health and Well-Being*, under consideration by Routledge and edited by Gita Bamezai (Former Head, Communication Research, Indian Institute of Mass Communication), Pradeep Sopory (Wayne State University), and Uttaran Dutta (Arizona State University).

Research on health communication in South Asia tends to center around media health campaigns and media health discourse analysis. The proposed handbook seeks to shift the focus from the media as a site of health communication to other contexts such as communities, organizations, work groups, and family. It seeks to highlight everyday South Asian experiences of communicative exchanges about health and well-being in these contexts, which may be located in both the geographical South Asia as well as its Diasporas, through de-colonial, indigenous, and de-westernized perspectives.

#### **Overview:**

The proposed edited handbook will examine communication related to physical and mental health and wellbeing during (and beyond) the Covid-19 pandemic in South Asia. The region comprises eight countries (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and Maldives) that share many geopolitical, socio-structural, and cultural characteristics. Its citizens face a range of noncommunicable and communicable disease burdens in the context of a dense population (1.9 billion people, 25% of global population) and an inadequate health infrastructure. The Covid-19 (& post) pandemic scenario has added to the health burdens and posed significant short- and long-term challenges to people's physical and mental wellbeing. The handbook chapters will cover the full range of communication contexts from intrapersonal to societal/cultural, with a focus on communities, organizations, work groups, and family, to examine communicative contents, structures, and processes that both enhance and harm health and well-being in South Asian countries and its diasporas.

Contributions from different disciplines, such as anthropology, economics, political science, psychology, public health, and sociology, examining different aspects of health communication are highly welcome. We solicit both theoretical and empirical works. The handbook is open to all quantitative, qualitative, and rhetorical/critical/cultural methodological approaches.

#### **Topics:**

Communication about health and well-being can be investigated in several contexts, including intrapersonal, interpersonal, family, work group, organization, community, media, and societal/cultural. Contributors are expected to examine communicative exchanges to create meanings about physical and mental health and well-being predominantly in contexts other than media. Our expectation is that contributors will examine the structure and content of common South Asian communicative experiences and their relationships to health for topics such as, but not limited to, the following:

Adverse health news and disease diagnosis; Community interactions and relations; Conflict and resistance; Disabilities; Disasters and public health emergency events; Doctor interactions with nurses and medical staff; Education and training curriculum and practices; Environmental health issues; Extended and "joint" multi-generational families and clans; Fear appeals and vaccine

hesitancy; Food, hunger, and poverty; Gossip and taunting; Hate and discriminatory talk; Health activism and social justice; Health for all and access to health infrastructures; Health literacy; Healthy practices; Hierarchy of communication structures; History and health communication; Information/digital divide; Inter-organization and -agency coordination and collaborations; Intersectionality (caste, class, gender, ethnicity, and sexual orientation) and its implications; Mental health and suicide; Migration; Participatory approaches; Patient rage toward doctors and medical staff; Patient-health provider interactions; Positive deviancy approaches to behavior and social change; Provider interactions with families of patients; Ragging/hazing in educational institutions; Risk communication and pandemics. Sexual harassment in public and work settings; Spirituality, religion, and faith; Sports and physical health activities; Technology of communication, including mHealth and e-health; Terminal health condition and end-of-life; Traffic accidents and road rage; Underserved and marginalized communities; Work-family negotiation.

### ***Proposal Submission Guidelines:***

Chapter proposals should have the following components and be combined into a single document for submission:

1. Title page with contact information for all authors;
2. Abstract (300-500 words, excluding references) clearly explaining:
  - a. Purpose and the contents of the proposed chapter; and
  - b. How the proposed chapter relates to the overall objectives of the book.
3. Working bibliography for the chapter in APA style (7th edition); and,
4. Brief author biographical statement (max. 150 words) written in the third person that includes:
  - a. Current position and affiliation;
  - b. Highest degree held, field, and institution granting that degree; and
  - c. Relevant area of research and/or relevant research project.

Proposals should be submitted by **February 15th, 2023** (for other important dates see below).

### ***Submissions and Inquiries:***

Chapter proposal submissions and inquiries for further information should be sent to Gita Bamezai, [gitabamezai@gmail.com](mailto:gitabamezai@gmail.com); Pradeep Sopory, [dz3594@wayne.edu](mailto:dz3594@wayne.edu); or, Uttaran Dutta, [uttaran.dutta@asu.edu](mailto:uttaran.dutta@asu.edu).

### ***Full-Chapter Guidelines:***

Full chapters should, at the minimum, include an introduction to the main identified communicative issue, theoretical postulates and conceptual framework(s) in the context of health communication, review of literature (paying attention to contemporary debates/discussions in the domain of health communication), suggestions for a research agenda, and implications for policy and system changes. The chapter should be located/grounded in the South Asian experience. Full chapters should be between 5,000-7,000 words, including abstract (125 words), references, tables, and figures.

### ***Important Dates (with some flexibility):***

Chapter proposal due: February 15th, 2023

Notification of acceptance sent to authors: March 31st, 2023

First draft of full chapter manuscripts due: August 1st, 2023

Manuscript reviews sent to authors: October 1, 2023

Revised draft of chapter manuscripts due: December 15th, 2023

Final manuscript decisions sent to authors: January 15th, 2024

***Additional Note:***

Submitted work must not have been previously published or be under consideration for publication elsewhere. Eventual publication will be subject to the outcome of editorial and peer review.

Please feel free to share the call for chapter with potential like-minded scholars.