

Assessing Information Poverty on COVID 19 among Housewives in Kerala

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Abstract

People around the world have been facing the hard times of the COVID 19 pandemic. As it is important to get updated about COVID 19, the researchers intended to analyse the information needs of housewives in Kerala in India and the sources adopted by them for the same. The COVID 19 information needs of housewives considered for the paper are COVID 19 symptoms, virus transmission, preventive measures, test methods, vaccinations, quarantine rules, travelling advice, daily positive cases, death rates, test positivity rates and variants. In addition, the study evaluates information poverty of the population under consideration on COVID 19, so that it assessed the factors affecting the information poverty of them. 196 housewives responded to the structured questionnaire. The major finding of this study is housewives in Kerala experience some sort of information poverty on COVID 19, primarily it is due to lack of ICT infrastructure and skills for using it. As women are the prominent caregivers of the family, it is more necessary to eradicate information poverty on COVID 19 by providing more ICT infrastructure and imparting more skills development programmes.

Keywords: Information, Information Poverty, COVID 19, Housewives, Kerala

INTRODUCTION

Information poverty is defined as the condition in which individuals and communities, within a given context, do not have the requisite skills, abilities or material means to obtain efficient access to information, interpret it and apply it appropriately. It is further analysed due to a lack of essential information and a poorly developed information infrastructure (Britz, 2004). In addition, Chatman (1996) analyses the concept based on four self-protective behaviour, such as secrecy, deception, risk-taking, and situational relevance.

The factors which influence the information poverty of a society or individual are Economic, Information awareness, Educational, Personal/ attitudinal, Intellectual, Social/ cultural and Institutional (Mckeown, 2016). People living in socially deprived areas and isolated areas or communities face information poverty.

Women are prominent in the health response and they make up the majority of the health care, shouldering much of the burden at home, given school and child care and longstanding gender inequalities in unpaid work (OECD, 2020). Housewives are a major category of women who act as the primary caregiver of the family (Sharma et al., 2016).

Anwar et al (2020) analyses women's self-reported data on the knowledge, attitude, and preparedness on COVID 19 and they conclude that younger and educated women had better knowledge levels compared to the older and lower educated-socio-economic participants and more efforts are essential to educating later clusters of women.

The study assessing the information poverty of housewives on COVID 19 by analysing the level of information literacy, social prejudice, information supply and ICT.

OBJECTIVES

To evaluate the information needs related to COVID 19 among housewives.

To investigate various sources that housewives adopt to access information on COVID 19.

To assess the factors that affect information poverty on COVID 19 among housewives.

METHODOLOGY

The population considered for this study includes 200 housewives in the Kondotty Taluk in Malappuram district in Kerala and convenience sampling technique was used. The data were collected through an interview schedule using a well-structured questionnaire among the population under study. The survey was conducted in 2021 and the total response rate was 98% (196 out of 200 questionnaires).

RESULTS AND DISCUSSION

Demographic Details

The majority (43.4%) of the survey participants were under the age category of 41-50 followed by 31-40 (23.5%) age group. 41.3% of the housewives under consideration are studied up to Under Graduation and 30.6% of respondents have completed senior secondary. Only 11.7% of housewives were with Post Graduate qualifications. In the case of place of living, 56.1% of the sample were living in rural regions. 23% and 20.9% were existing in semi-urban and urban regions respectively. In the sample, the majority (78.6%) were having own smartphone, but 20.4% using their husband's smartphones.

Information Needs on COVID 19

Amidst the health pandemic, it is necessary for everyone, irrespective of all class distinctions, to be updated on COVID 19 to fight and defeat the virus. The majority of the housewives under study were aware of all the information related to COVID 19. However, some of them are getting regular updates on COVID 19, which includes different types of vaccinations, quarantine rules, travelling advice from the government, different variants as well as daily positive cases, death rates and TPRs. However, a minority of the sample under consideration were not aware of the same. This might be due to multiple reasons that they may not be going outside, unawareness or ignorance about the new normal, lack of ICT infrastructure, lack of financial capital to pay for information, etc.

Information Sources of COVID 19

Another objective of this study is to find out the information sources the housewives adopt for accessing the information on COVID 19. They were given various information sources, including doctors, internet, friends, family, Counsellor or Psychologist, Asha Workers, Libraries, Support groups, Worship centres, Television News channels, Radio News or COVID 19 related programmes, Applications (eg. Arogya Sethu), Newspapers, Social media and Online News Portals and they were asked to prioritise those information sources according

to their preferences. 96.9% of participants were most preferred doctors and newspapers, however, around 60% were chosen internet, friends, family and Radio News or COVID 19 related programmes. Nevertheless, above 60% of housewives underlined that they do not give preference to Counsellors or Psychologists, libraries, Support groups and Worship centres. 86.7% of the sample under study were given the least preference to Applications (eg. Arogya Sethu) and Online News Portals.

Information Poverty on COVID 19

In this paper, information poverty has been evaluated by assessing information literacy, social prejudice, information supply and information and communication technology (ICT) (Mou & Xu, 2020). The scale is adapted from (Mou & Xu, 2020) and it has been changed according to the context of this study. Table 1 provides an idea regarding how extend each factor of information poverty affects the housewives in Kerala. In which, it can be understood that the most influenced factor is ICT ($SD=0.704167$), followed by information literacy ($SD=0.76975$). 56.1% of the housewives belong to the rural region, so the availability and accessibility of ICT facilities might be limited for them. In addition, the lack of ICTs can be affected to information literacy.

Table 1 Factors of Information poverty

	Items	Mean	Standard Deviation
Information Literacy	I know where to get the information COVID 19 I need.	3.86	0.771
	I have the necessary skills to obtain the information on COVID 19	2.45	0.812
	I get information on COVID 19 by accessing electronic resources.	3.05	1.106
	I can systematically organize the information on COVID 19 obtained to solve problems.	2.9	0.942
	The information I obtained related to COVID 19 can effectively solve practical problems I met.	2.76	0.864
	I will access and use information on COVID 19 properly.	2.97	0.667
	I can interpret COVID 19 information appropriately	2.37	0.485
	I can assess the quality and authenticity of the information on COVID 19 collected.	2.47	0.511
Social Prejudice	I use confidentiality to avoid getting hurt in the process of obtaining information on COVID 19	3.434	0.7237
	I selectively receive information on COVID 19 on daily basis.	3.485	0.6282
	I do not think it is good for me to share if I have COVID 19 symptoms with people from other circles.	3.59	0.692
Information Supply	I have an efficient information-providing platform related to COVID 19	3.37	0.485
	I think the information infrastructure related to COVID 19 around me is perfect.	3.2	0.713
	The COVID 19 information around me exists in an orderly manner without chaos.	2.22	0.442
	I can get information on COVID 19 in a convenient and fast way.	2.91	0.717

ICT	I have good Internet access to gain the information on COVID 19.	2.54	0.819
	I often use the network to solve problems.	2.61	0.754
	The network coverage around me is strong.	2.65	0.8
	It is very convenient for me to open a network service.	2.49	0.586
	I think the cost of opening the network is reasonable.	2.32	0.549

CONCLUSION

The paper concludes that ICT is one of the prominent factors among other influences of information poverty, in the case of housewives in Kerala. Social prejudice has no significant impact on this context. Information poverty is a global phenomenon. If a society lacks information, it will keep them far away from social inclusion, so that they will be a kind of disadvantaged group. Unsatisfied information needs, improper information-seeking behaviour, insufficient information awareness, etc. are also influencing a society's or individuals' information poverty. One of the important solutions to this matter is that acquiring the necessary skills to identify, evaluate, interpret and apply information to meet information needs.

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