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## Information needs of the rural respondents on COVID-19 during lockdown

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### Abstract

The Corona virus disease of 2019 (COVID-19) pandemic gripped the world in shock with the sudden outbreak in all the countries. Timely access to information is a crucial requirement for decision making of the people during the times of health emergencies. Therefore, the present study was undertaken to know the information needs of the rural respondents on COVID-19 in Guntur district of Andhra Pradesh. Thirty rural respondents from three villages of Guntur district are selected for the study and data was collected using pre-tested interview schedule. Simple random sampling technique and statistical tools were applied for the study. The study revealed that majority (53.33%) of the respondents were in the age group of 27 to 36 years while, thirty per cent were illiterates and 96.67 per cent possessed mobile phone. Majority (86.67%) of the respondents belonged to nuclear families. Majority (73.33%) of the respondents lives in medium families with 4 to 6 family members. Most (76.67%) of the respondents had frequent extension contact with Asha workers and Govt. volunteers gathered information from news channels (96.67%) and family members (93.33%) during COVID-19 pandemic time. Home remedies (93.33%) followed by vaccination (86.67%), immunity boosting foods (76.67%), myths & misconceptions (73.33%), mode of transmission (56.67%), symptoms of COVID-19 (50.00%) and Standard Operating Procedures (43.33%) were the expressed information needs of the rural respondents.

**Keywords:** COVID-19, Information needs, Information seeking behaviour and extension contact

### Introduction

The World Health Organization (WHO) declared the COVID-19 outbreak, which began in Wuhan, China on December 2019. The outbreak of corona virus disease 2019 (COVID-19) has created a global health crisis with its rate of contagion and patterns of transmission that has had a deep impact on our everyday lives. The pandemic period prompted lockdowns and rapid preventive and controlling measures all around the world to stop the virus from spreading. On March 24, 2020, India imposed its own nationwide curfew, restricting the mobility of 1.3 billion people. The national lockdown in India briefly shut down parts of the economy and significantly affected daily life, imparting fear of economic and food security among the poor and leading to a major migration of millions of workers from cities and towns back to their villages.

The sudden outbreak of COVID-19 has imposed a critical situation on public health among individuals in different part of the world. Families as the key building block of any society appeared to be the most important element that must be informed adequately of how to protect themselves and others from the disease and how to become capable of handling the situation in case of being infected with COVID-19.

Government of India through the Ministry of Health and Family Welfare, undertook massive awareness campaigns to empower and educate the public on COVID-19. The need for preventative measures was emphasised to reduce the spread of the virus following a simple SMS such as social distancing, masking as much as possible and frequent hand washing and sanitising duly following precautionary measures like avoiding touching face, good respiratory hygiene and keeping the immune system strong.

Although government imposed stringent rules through lockdowns and stay-at-home orders effectively for controlling the pandemic, these interventions may also have negative psychological and economic consequences. Still there is a gap in knowledge and complete technical know-how on COVID 19 as all the health and behavioral information were treated as unfelt information needs due to ignorance and illiteracy. Sometimes varied experiences regarding economic loss and social isolation, ineffectiveness of an innovation like vaccines

may create quandary among the public that needs immediate action.

Information accessibility and availability is not equal throughout the society in India. Urban people have abundant sources of information, while rural people are frequently denied access to information. The information needs are severe and diverse in many Indian rural areas where 70% of the population lives with more of illiteracy and ignorance.

The general public's opinions and experiences during COVID-19, as well as diversity and across location, may not apply to rural India, which has high poverty levels. To learn about COVID-19-related knowledge, views, and preventative activities, as well as how the epidemic affected their everyday lives, social relationships, economic security, and food security. Hence, a study was conducted to identify the information needs of the rural respondents on COVID-19.

**Material and methods**

The present study was conducted in Guntur district of Andhra Pradesh. Three villages one from each mandal are selected by using simple randomly sampling method that made three villages for the study. Ten respondents from each village were selected thus, making a total sample of 30 respondents from three village for the study.

In order to study the personal profile and information needs of the rural respondents on COVID-19, an interview schedule was developed and administrated the data. The personal information like their age, education, type of family, family size, extension contact, mass media exposure, media possession, information seeking behavior and information needs of the rural respondents on COVID-19 were collected.

**Results and discussion**

**Personal profile**

**1. Age**

Age was measured as the number of years completed by the rural respondents at the time of investigation.

**Table 1:** Respondents based on their age (n=30)

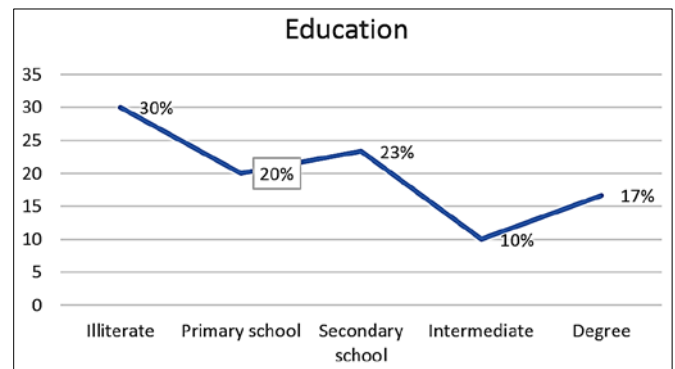
S. No	Age	Frequency	Percentage (%)
1.	18 to 27 Years	6	20.00
2.	27 to 36 Years	16	53.33
3.	36 to 45 Years	8	26.67
Total		30	100

The results revealed that more than half (53.33%) of the respondents were in the age group of 27 to 36 years followed by 26.67 per cent between the age group of 36 to 45 years and 20.00 per cent of the respondents belonged to the age group of 18 to 27 years. The sample age bracket of 18 to 45 years have showed interest and responded to express their information needs. It indicated that during COVID-19 lock down, this age group people used to interact with the outsiders and move out from their homes for procurement of the household needs and other activities. The other reason might be that young age people are mostly educated and more likely to face differentiated challenges particularly during lockdown period. They also possess eagerness and enthusiasm to know the new information. Hence, the 18 to 45 years age group people responded to the investigator and contributed their information needs.

**2. Education**

It refers to the academic qualification of the respondents,

which was classified into five categories namely illiterate, primary school, secondary school, intermediate and degree. Results are tabulated as shown below.



**Fig 1:** Rural respondents based on their education

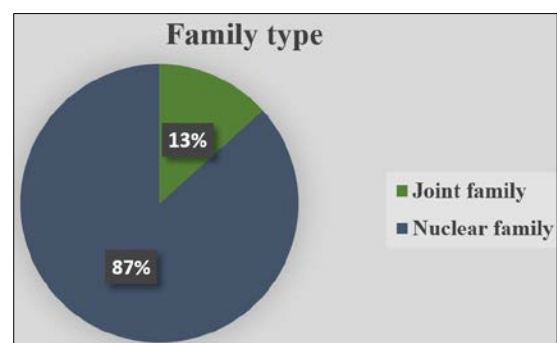
The above results showed that thirty per cent of the rural respondents were illiterates, followed by respondents who have completed their secondary school (23.33%), primary school (20.00%), degree (16.67%) and intermediate (10.00%) education.

From the results, it is evident that seventy percent of the respondents were literates who had interacted with the investigator during the lockdown period and expressed their information needs on COVID-19. The reason might be their level of education and risk taking ability which made them to respond to the investigation in expressing their information needs on COVID-19.

On the other side results also revealed that 30 percent of the respondents were illiterates which indicated the educational status of the rural India even after 75 years of independence. Hence, government need to focus on rural education and its infrastructural for inclusive growth of the nation.

**3. Type of family**

It refers to the number of pairs of couples and their children living together in a family.



**Fig 2:** Rural respondents based on the type of family

The results presented in the Fig 2 revealed that most of the respondents were belonged to nuclear families (86.67%) followed by joint families (13.33%). The drastic changes in rural social patterns, structure and interactions can be observed as the most of the children establishes a separate family immediately after their marriage. The main reasons might be due to the small land holdings, migration from rural to urban areas in search of jobs/works and low purchasing power to sustain the joint families. Similar results were presented by Swathi (2018).

#### 4. Family size

It refers to the number of persons living together in one house.

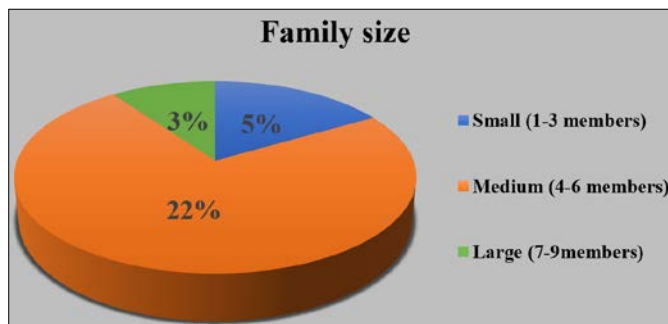


Fig 3: Rural respondents based on the family size

The results presented in Fig 1.3 showed that majority (73.33%) of the respondents were having medium family size with 4 to 6 members, followed by small family size (16.67%) with 1 to 3 members and large family size (10.00%) with 7-9 members.

The results revealed that three fourth of the respondents had medium family size and the reason might be due to various structural changes that took place in rural family systems and the government also encouraging small nuclear families to curtail the population. Hence, majority of the families are limiting the child births to 2 children only in order to avail the government incentives and benefits.

#### 5. Extension Contact

It refers to the frequency of contact of the rural respondents during COVID-19 pandemic with various extension personnel like Doctor, Anganwadi worker, ANM, Asha worker, Health supervisor, Govt. volunteer, Local NGO's, Panchayat personnel, Dietitian and other extension personnel.

Table 2: Rural respondents based on their extension contact (n=30)

S. No	Extension contact	Frequently		Rarely		Never	
		F	%	F	%	F	%
1	Doctor	2	6.67	17	56.67	10	33.33
2	Anganwadi worker	12	40.00	18	60.00	0	0
3	ANM	19	63.33	8	26.67	3	10.00
4	Asha worker	23	76.67	5	16.67	2	6.67
5	Health supervisor	1	3.33	12	40.00	17	56.67
6	Govt. volunteer	23	76.67	4	13.33	3	10.00
7	Local NGO's	0	0.00	6	20.00	24	80.00
8	Panchayat personnel	6	20.00	13	43.33	11	36.67
9	Dietitian	0	0.00	2	6.67	28	93.33
10	Counsellor	0	0.00	0	0.00	30	100

The results depicted in the Table 2 revealed that equal and majority (76.67%) of the respondents had frequent extension contacts with Asha workers and Govt. volunteers followed by ANMs (63.33%), Anganwadi workers (40.00%) and Panchayat personnel (20.00%).

Some respondents expressed that Anganwadi workers (60.00%), Doctors (56.67%), Panchayat personnel (43.33%), Health supervisors (40.00%) ANMs (26.67%), Local NGO's (20.00%), Asha workers (16.67%), Govt. volunteers (13.33%) were contacted rarely by the respondents. A great majority of the respondents never contacted the counselor followed by dietitian (93.33%), local NGO's (80.00%) while, majority of

the respondents never contacted health supervisors (56.67%), panchayat personnel (36.67%), doctors (33.33%) during COVID-19 pandemic.

Further, the results also showed that very few respondents had frequent contact with the doctors (6.67%), health supervisors (3.33%) and the dietitian (6.67%). The respondents never contacted the Govt. volunteers (10.00%), Asha workers (6.67%) during pandemic.

The above results might be due to the fact that, during pandemic the social life was restricted and people had rare to never extension contact with many social institutions and individuals due to mobility restrictions enforced by the government especially during lockdown. Frequent extension contact was observed with Asha workers, Local volunteers, ANMs and Anganwadi teachers who are the main source of health information and input/resource distribution at the village from the government agencies. The other reason might be that during COVID 19 lockdown the village level health workers and local volunteers used to visit the families regularly in their jurisdiction to know the health status and to identify the COVID cases.

#### 6. Media possession

It refers to as print and electronic media such as newspaper, radio, television, mobile phone and computer possessed by the respondent at the time of investigation.

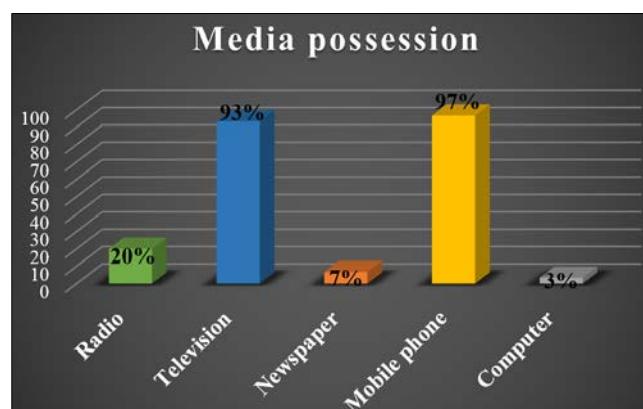


Fig 4: Rural respondents based on the media possession

The results revealed that majority (96.67%) of the respondents had mobile phone followed by television (93.33%). Some respondents possess radio (20%), newspaper (6.66%) and computer (3.33%). It was evident from the results that emergence of contemporary media while, there is a decrease or disappearance of conventional media during the digital era. Mobile phone and television have become a part of everyone's life irrespective of their age, income, education and social status. Further very few respondents possessed newspaper which need to be rejuvenated since the habit of reading and writing are slowly disappearing which affects the creative and cognitive abilities of the individuals.

#### 7. Mass media exposure

It refers to type of media like print, electronic or new media and frequency of being exposed to such mass media by the respondents. In the present study, the mass media exposure of the rural respondents was studied in terms of most usually available media and how frequently they utilise them.

**Table 3:** Rural respondents based on the mass media exposure (n=30)

S. No	Media Exposure	Daily	%	Occasionally	%	Never	%
1.	Radio	6	20.00	13	43.33	11	36.67
2.	Television	26	86.67	4	13.33	0	0
3.	Mobile phone	28	93.33	2	6.67	0	0
4.	Newspaper	9	30.00	12	40.00	9	30.00
5.	Internet	20	66.66	5	16.67	5	16.67
6.	Computer	4	13.33	9	30.00	17	56.67

The results revealed that majority of the respondents had daily exposure to mass media channels like mobile phone (93.33%), television (86.67%), internet (66.67%), newspaper (30.00%), radio (20.00%) and computer (13.33%). With regard to occasionally exposure some respondents had exposure to radio (43.33%), newspaper (40.00%), computer (30.00%), internet (16.67%), television (13.33%), mobile phone (6.67%). Some of the respondents never had an exposure to media like computer (56.67%), radio (36.67%), newspaper (30.00%) and internet (16.67%).

The probable reason for wide exposure to mass media like mobile phone was due the exuberance digital journey of

Indian population irrespective of their socio-economic status. This might be due to the fact that the availability of mobiles at low cost and accessibility of internet at low tariff rates by different agencies. The other reason for high media exposure to mobiles, television and internet might be due to the fact that during lockdown period people depended on these media for information, entertainment and connection with their near and dear.

Media exposure to computers was observed very low; which might be due to their accessibility and availability had the sample was selected from the rural areas with low educational background. The study also evident that the decreased usage of radio even at rural areas.

### 8. Information seeking behavior

Information-seeking behavior is individual's act of searching or seeking information from different sources in order to change their state of knowledge on COVID-19 and other related information which constitutes news channel, neighbours, local leaders, newspaper, internet, community workers, primary health center and family members.

**Table 4:** Rural respondents based on the Information seeking behavior (n=30)

S. No	Source	Frequently		Rarely		Never	
		F	%	F	%	F	%
1.	News channel	29	96.67	1	3.33	0	0
2.	Neighbours	26	86.67	4	13.33	0	0
3.	Local leaders	15	50.00	13	43.33	2	6.67
4.	Newspaper	10	33.33	12	40.00	8	26.67
5.	Internet	16	53.33	9	30.00	5	16.66
6.	Community workers	8	26.67	12	40.00	10	33.33
7.	Primary health center	5	16.67	13	43.33	12	40.00
8.	Family members	28	93.33	2	6.67	0	0

The results presented in Table 4 revealed that majority of the respondents frequently relied and used the information sources like news channel (96.67%), family members (93.33%), neighbours (86.67%), internet (53.33%), local leaders (50.00%), newspaper (33.33%), community workers (26.67%) and primary health center (16.67%). Less than 50 per cent of the respondents rarely relied on local leaders & primary health center (43.33%), newspaper & community workers (40.00%), internet (30.00%), neighbours (13.33%), family members (6.67%), news channel (3.33%). Similarly; some of the respondents never relied on primary health center (40.00%), community workers (33.33%), newspaper (26.67%), internet (16.67%) and local leaders (6.67%) for information.

The above results clearly showed that there is a huge dependency on television and immediate inmates of the family members and neighbors for seeking information on COVID-19 during the pandemic; The probable reason might be due to continues telecasting of news on COVID-19

through news channels which was the main and only one source of instant, authenticated and updated source of information for all the population during lockdown.

The received information through television might be shared and discussed with their family members and neighbors on the COVID-19 cases, symptoms, precautions to be followed which resulted in frequent reliance on family members and neighbours too.

### 9. Information Needs

Information need is operationally defined as the individual or group's desire to locate and obtain information to satisfy and modify the conscious and unconscious need which was also expressed in terms of the awareness level. The information needs were broadly studied under 7 categories i.e., symptoms, mode of transmission, Standard Operating Procedure (SOP's) for mitigation, immunity boosting foods, home remedies, myths & misconceptions, and vaccination as presented in the table.

**Table 5:** Information needs of rural respondents on COVID-19 Pandemic (n=30)

S. No	Information need	Aware		Unaware	
		Frequency	Percentage	Frequency	Percentage
1.	Symptoms	15	50.00	15	50.00
2.	Mode of transmission	13	43.33	17	56.67
3.	Standard Operating Procedure (SOP's)	17	56.67	13	43.33
4.	Immunity boosting foods	7	23.33	23	76.67
5.	Home remedies	2	6.67	28	93.33
6.	Myths and misconceptions	8	26.67	22	73.33
7.	Vaccination	4	13.33	26	86.67

The results presented in Table 5 revealed that rural respondents were unaware and expressed their information needs majorly in the areas of Home remedies (93.33%) followed by Vaccination (86.67%), Immunity boosting foods (76.67%), Myths & Misconceptions (73.33%), Mode of transmission (56.67%), Symptoms of COVID-19 (50.00%) and Standard Operating Procedures (43.33%).

The results revealed that a great majority of the respondents expressed their information needs pertaining precautionary measures to control and prevent COVID-19 through home remedies, availability and efficacy of vaccines and their side effects, and immunity boosting foods to fight with COVID-19 through diets. The probable reason for these results might be due to the infodemic phase of COVID-19 with a flood of information on the COVID-19 caused confusion, mistrust in health authorities and low risk-taking behaviours. The other reason might be the over consciousness and alertness of the people to curb the outbreak through self-management simply believe the axiom "*Prevention is better than cure*".

Nearly half of the respondents were aware of the basic and general information in the midst of the 1<sup>st</sup> and 2<sup>nd</sup> waves of COVID-19. This might be due to the fact that people had continuous media exposure and acquired information on the general symptoms of COVID 19, how it spreads, Standard Operating Procedure (SOPs) and guidelines. Apart from the media exposure, government also made constant efforts in spreading the key messages for mitigation of COVID-19 using different media channels like Short Message mobiles and television channels along with the services of the extension personnel at every village. But due to illiteracy and ignorance people might not taken the seriousness of the problem.

### Conclusion

The results of the study concluded that a great majority of the respondents expressed their information needs pertaining precautionary measures to control and prevent COVID-19 through home remedies, availability and efficacy of vaccines and their side effects, and immunity boosting foods to fight with COVID-19 through diets. The infodemic phase of COVID-19 with a flood of information which includes misinformation and disinformation caused confusion, mistrust in health authorities and low risk-taking behaviours. The over consciousness and alertness of the people to curb the outbreak through preparedness for community engagement and self-management since it is always better to stop.

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