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Understanding of Women about COVID-19 and Role of Media in Arousing Public Health Awareness : A Study in Villages of Eastern Uttar Pradesh

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Abstract:

According to United Nations Women, the COVID-19 pandemic has disproportionately affected women all over the world, particularly rural and marginalized women. In fact, rural, marginalised women are at higher risk of COVID-19 transmission and fatalities and are more exposed to the secondary impacts of the pandemic. When the whole world was locked in for a considerable period of time, media and communication technologies played a pivotal role in public health communications during the pandemic. According to the World Health Organization, COVID-19 is the first pandemic in history in which technology and social media have been used on a massive scale to keep people safe, informed, and connected.

In this research work, it has been studied the penetration of mass media in remote areas and their impact on the lives of women living in the selected three villages of eastern Uttar Pradesh. The Study was a qualitative study by conducting three focus group discussions with groups comprising of eight rural women (18–49 years) in each group. The study explores the rural women's lived experiences of the pandemic, their COVID-19 knowledge and awareness, behaviour change, and status of information literacy. The research paper also explores and evaluates the effectiveness of different mass media during the public health communication campaigns in the villages of eastern Uttar Pradesh.

Keywords: - Rural Women, Public Health, Public Health Care, Health Communication, COVID-19 Appropriate Behaviour

1. Introduction:

According to the United Nations (UN), impacts of any crisis are never gender neutral, and the COVID-19 pandemic is no exception (UN, 2020)¹. Although coronavirus affects all humankind irrespective of age, gender, race or ethnicity, class, and location but social determinants of health in different societies result in disproportionate impact of the pandemic on people living in

¹ Policy Brief: The Impact of COVID-19 on Women. (2020). <https://www.un.org/development/desa/dpad/>



vulnerable conditions especially rural women (Azcona, Bhatt, Davies, et al., 2020)². Women belonging to weak socioeconomic backgrounds, having low levels of education, and coming from rural backgrounds have faced heightened levels of inequality in assessing healthcare services during the pandemic (Connor et al., 2020)³.

There is a greater possibility that once a female family member contracts the virus, it will be easily passed on to other family members because she is involved in the caregiving job (Tan et al., 2021)⁴. Hence, it is necessary to educate, inform, and make rural women aware of their self-protective behaviour. There is no doubt that women being on the frontline played a critical role in mitigating the pandemic's impact by implementing much-needed behavioural changes (Chang, 2020)⁵. Hence, studies focusing on rural women's experiences should be carried to find out what they know about the COVID-19 infections, how they got to know about the precautionary measures to remain safe and what motivated them to adopt to those pandemic-appropriate behaviours. During the lockdown period, mass media played a significant role in making people adopt to healthy behaviour as due to strict containment policies, the media was the only source of information. It is important to consider that the relationship between media and public health behaviour is supported by many theories and models (Liu et al., 2020)⁶. During the COVID-19 pandemic also media acted as a bridge between the scientific community, government, and common people (Anwar et al., 2020)⁷.

In this crisis, media's role and responsibility became more important in helping curb rumours and misinformation, promote behavioural responses and provide authentic information (Tejedor et

²Azcona, G., Bhatt, A., Davies, S., Harman, S., Smith, J., & Wenham, C. (n.d.). Will the pandemic derail hard-won progress on gender equality? Spotlight on gender, COVID-19 and the SDGS acknowledgements.

³ Connor, J., Madhavan, S., Mokashi, M., Amanuel, H., Johnson, N. R., Pace, L. E., & Bartz, D. (2020). Health risks and outcomes that disproportionately affect women during the Covid-19 pandemic: A review. In *Social Science and Medicine* (Vol. 266). Elsevier Ltd. <https://doi.org/10.1016/j.socscimed.2020.113364>

⁴ Tan, J., Yoshida, Y., Ma, K. S.-K., & Mauvais-Jarvis, F. (2021). Gender Differences in Health Protective Behaviours During the COVID-19 Pandemic in Taiwan: An Empirical Study. *MedRxiv: The Preprint Server for Health Sciences*. <https://doi.org/10.1101/2021.04.14.21255448>

⁵ Chang, W. H. (2020). Understanding the COVID-19 pandemic from a gender perspective. In *Taiwanese Journal of Obstetrics and Gynecology* (Vol. 59, Issue 6, pp. 801–807). Elsevier Ltd. <https://doi.org/10.1016/j.tjog.2020.09.004>

⁶ Liu, L., Xie, J., Li, K., & Ji, S. (2020). Exploring how media influence preventive behaviour and excessive preventive intention during the COVID-19 pandemic in China. *International Journal of Environmental Research and Public Health*, 17(21), 1–27. <https://doi.org/10.3390/ijerph17217990>

⁷ Anwar, A., Malik, M., Raees, V., & Anwar, A. (2020). Role of Mass Media and Public Health Communications in the COVID-19 Pandemic. *Cureus*. <https://doi.org/10.7759/cureus.10453>



al., 2020)⁸ (Parvin et al., 2020)⁹. A study conducted on the impact that the influenza A (H1N1) pandemic had on news reporting in Paraná, Brazil, found that due to the media's coverage of the severity of the disease made public adopt to the healthy behaviours to keep themselves and their families safe (Maciel-Lima et al., 2015)¹⁰. Evidence from previous SARS (2003), H1N1 (2009), and MERS (2012) outbreaks suggests that the media played a significant role in the COVID-19 infodemic (Anwar et al., 2020)¹¹. The World Health Organization in its report titled 'An Overview of Infodemic Management During COVID-19'¹², says that "Infodemic management aims to ensure that people have the right information at the right time in the right format, so that they are informed and empowered to adopt behavioural changes during epidemics to protect their health and the health of their loved ones and communities." As rural women are at higher risk of getting effected by the primary as well as secondary impact of the pandemic, it is important that awareness among rural women spread through effective communication channels, and content must be tailored to reach out to women with low literacy levels and weak socio-economic backgrounds to bring about the desired behavioural changes (Ye et al., 2022)¹³

3. Research Gap:

A literature survey indicated that the changes in rural women's health behaviours and their understanding of the coronavirus pandemic have been overlooked by the research community. Issues related to rural and marginalized women and the media's role in providing health information to them have also not been studied in detail.

4. Research Methodology:

Qualitative research methodology was adopted to collect the primary data. The purpose behind selecting the qualitative methodology is that it is flexible in nature and helps in exploring the phenomenon in its natural setting. A qualitative study provides rich and in-depth data on the

⁸ Tejedor, S., Cervi, L., Tusa, F., Portales, M., & Zabolina, M. (2020). Information on the covid-19 pandemic in daily newspapers' front pages: Case study of Spain and Italy. *International Journal of Environmental Research and Public Health*, 17(17), 1–16. <https://doi.org/10.3390/ijerph17176330>

⁹ Parvin, G. A., Ahsan, R., Rahman, M. H., & Abedin, M. A. (2020). Novel Coronavirus (COVID-19) Pandemic: The Role of Printing Media in Asian Countries. *Frontiers in Communication*, 5. <https://doi.org/10.3389/fcomm.2020.557593>

¹⁰ Maciel-Lima, S. M., Rasia, J. M., Bagatelli, R. C., Gontarski, G., & Colares, M. J. D. (2015). The impact that the influenza A (H1N1) pandemic had on news reporting in the state of Paraná, Brazil. *Historia, Ciencias, Saude - Manguinhos*, 22(1). <https://doi.org/10.1590/S0104-59702015000100016>

¹¹ Anwar, A., Malik, M., Raees, V., & Anwar, A. (2020). Role of Mass Media and Public Health Communications in the COVID-19 Pandemic. *Cureus*. <https://doi.org/10.7759/cureus.10453>

¹² Infodemic management: an overview of infodemic management during COVID-19, January 2020–May 2021. Geneva: World Health Organization; (2021).

¹³ Ye, R., Wu, Y., Sun, C., Wang, Q., Mao, Y., Chang, W., & Zhou, H. (2022). What Prompted the Adoption of Self-Protective Behaviours in Response to COVID-19? Evidence From Women Living in the Rural Areas of Western China. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.756933>



experiences and diverse perspectives of the research participants (Ritchie & Lewis, 2003)¹⁴. The researcher, along with a female assistant, conducted in-person focus group discussions (FGDs) in three villages of eastern Uttar Pradesh. For each focus group, eight women participants were selected by the researcher. The researcher performed the role of the moderator and a female assistant was responsible for preparing the hand-written notes for the discussion. FGDs allowed participants to discuss and share their feelings, opinions, perceptions and experiences in a moderated setting¹⁵.

4.1 Sample design for the selecting the villages:

Multi-stage sampling design was used to select the villages for the field study. In multistage sampling method, the researcher selects smaller and smaller sample at each stage until she/he reached the final stage of selecting the smallest unit. Eastern UP is divided into seven administrative divisions out of which the researcher randomly selected three administrative division which are: Varanasi division, Mirzapur division and Azamgarh division. Again, one district from each respective administrative region was selected through lottery method. Then, the districts were further divided into blocks and blocks were further divided into villages. One village from each block was selected randomly to perform the field study. The selected villages are Rudauli (Village 1) in Shikhar Block in Mirzapur district; Jayapur (Village 2) in Varanasi tehsil in Varanasi district, and Meharao Kalan (Village 3) in Lalganj Tehsil in Azamgarh district.

4.2 Instruments Used: Diary and Audio-Recorder:

A diary was used to prepare the handwritten notes of the conversations in FGDs, while an audio recorder is an observation-recording tool that was employed by the researcher to record, review, and analyse participants interview transcripts.

5. Data Collection and Analysis:

5.1 Selection of women participants for FGD and collection of data:

The married female population (18–49 years) residing in these villages were selected to participate in the FGDs. The convenience sampling method was used to select female participants in each village as most of the women were either working in agriculture fields, went for spinning wheels, or busy doing household chores and refused to participate in the discussion as it would kill their productive time. Few women agreed to participate in the discussion; hence, the researcher

¹⁴ Ritchie, Jane., & Lewis, J. (2003). *Qualitative research practice: a guide for social science students and researchers*. Sage Publications.

¹⁵ Ochieng NT, Wilson K, Derrick CJ, Mukherjee N. The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods Ecol Evol*. 2018; 9:20–32. <https://doi.org/10.1111/2041-210X.12860>



decided to use convenience sampling to select women participants for the FGDs who agreed to participant in the discussion. Open-ended unstructured questionnaire was prepared to foster in-depth discussion among the participants to explore the level of understanding of the pandemic among women and the media's role in promoting health messages in their villages (Table 2). FGDs were conducted between November 2022 and December 2022. Codes were assigned to each participant to maintain their anonymity. The discussions lasted for 40–45 minutes. Due to ethical reasons, the researcher explained the purpose of the study to the women participants and took the informed verbal consent before conducting the FGDs. Women agreed to give detailed information only if their identities were protected; hence, in order to maintain their privacy, their identities have been made anonymous.

Table-1: Sociodemographic details of the participants

Focus Group Discussion (FGD)	Village	No of Participants	Age range (in years)	Educational Qualification	Marital Status
FGD-1	Rudauli	8 Females	25-45	Six Females-Uneducated One- Studied till 8th One-studied till 5th	All Married
FGD-2	Jayapur	8 Females	21-49	Five Females-Uneducated Two Females -studied till 8th One-studied till 12th	All Married
FGD-3	Meharo Kalan	8 Females	28-45	Five Females- Uneducated One- Studied till 8 th Two Females -studied till 5th	All Married

5.2 Research Questions for the FGDs:

Table-2: Research Questions

S. No	Questions
1	What do you know about COVID-19? Do you know about the safety measures issued by the government to be taken for safety against COVID-19?
2	Do you know the symptoms of coronavirus infection?
3	What behavioural changes have you observed during the COVID-induced lockdown?
4	What information did you want and how frequently during the COVID-19 pandemic
5	What was the source of information related to the COVID-19 pandemic?
6	How did you consume the information, and how did you make use of that information during the lockdown period?
7	What did you believe was the most credible source of information on the COVID-19 pandemic, and why?



5.3 Analysis of Collected Data:

Data has been collected in the form of focus group discussions and analyzed using a thematic analysis framework (Braun & Clarke, 2006)¹⁶ which included systematic coding of data and later developing into themes and subthemes. The transcript of each focus group was prepared separately in MS word and accordingly emerging codes and sub-codes were developed once the researcher had gone through the data thoroughly. Subsequently, broader themes and sub-themes were developed based on the codes.

6. Findings:

Three focus group discussions with eight participants in each group, a total of 24 women belonging to different age groups and educational backgrounds but with similar socio-economic backgrounds, shared their diverse perspectives on the coronavirus outbreak and the media's role in health communication. After analyzing the interview text, six major themes and subthemes have been identified by the researcher (Table 3).

Table-3: Major Themes And Subthemes

Themes	Sub-Themes
Fear and anxiety about the infection	<ul style="list-style-type: none"> ➤ Uncertainty about the disease ➤ Increased positive cases ➤ Strict containment policies ➤ Exhaustive covid protocols ➤ Rumours about the virus ➤ Poor condition of Quarantine centres
Adherence to the COVID protocol	<ul style="list-style-type: none"> ➤ Frequently washing of hands ➤ Maintaining social distancing ➤ Self-isolation ➤ Drinking warm water and 'kadha' ➤ Masking ➤ Maintain hygiene
Vaccination myths	<ul style="list-style-type: none"> ➤ Fever after taking vaccine ➤ Risk of infection ➤ Risk of other diseases ➤ People died after taking the vaccine ➤ Vaccine effects women's fertility
Increased information consumption	<ul style="list-style-type: none"> ➤ Increased consumption of covid related news ➤ Social media usage increased ➤ Frequently sharing of information about covid ➤ Continuously watching news on tv ➤ Interpersonal comm maintaining social distancing
Role of the media	<ul style="list-style-type: none"> ➤ Knowledge on covid appropriate behaviour ➤ Regular updates on positive cases and deaths

¹⁶ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>



	<ul style="list-style-type: none"> ➤ Information from worldwide on covid ➤ Communicating govt guidelines ➤ Communicating doctor's guidelines ➤ Entertainment
Lack of comprehensive knowledge about COVID	<ul style="list-style-type: none"> ➤ Lacking information on covid related terms ➤ Limited knowledge on virus ➤ Less awareness on health facilities and schemes ➤ Passive recipient of information

6.1 Fear and Anxiety about the Infection:

Fear and motivation played a huge role in making people adapt to self-protective behaviours (Gupta et al., 2021)¹⁷ (Klanidhi et al., 2021)¹⁸. All women in focus groups reported having fear and anxiety about the rising number of positive cases and deaths due to coronavirus. Women in all the groups unanimously said that uncertainty about the nature of the virus, strict containment policies, and exhaustive preventive measures to contain the spread of the infection scared them. *"Seven people died on a single day during the first wave, which created a situation of terror in the village"* (FG1, W5)¹⁹. *"There was fear pertaining to the virus, about which we don't have much information."* *"All we know is we have to wash our hands regularly and maintain social distance"* (FG2, W3)²⁰. Women also avoided testing because they feared that if they tested positive for COVID, they would be transported to quarantine facilities; hence, they isolated themselves at home if they felt that they had contracted the virus. *"I got so worried when we heard about the condition of quarantine centre and learned that there is no food or water facility there. I used to drink kadha, warm water, and stay at home when I had fever and a sore throat"* (FG3 W8).²¹

6.2 Adherence to the COVID Protocol:

All the focus groups acknowledged that initially they didn't take the pandemic seriously, but when news of the rising number of deaths started surfacing, they adopted all the healthy behaviours recommended by the doctors and government through the media. Our study echoes the other research, which found that the risk of misperception is one of the major hindrances to following the behavioural changes needed to remain safe during the pandemic (Nikolov et al., 2020)²². *"We*

¹⁷ Gupta, M., Bhardwaj, P., Goel, A., Saurabh, S., & Misra, S. (2021). COVID-19 appropriate behavior in India: Time to invest for the benefits in future. *Journal of Family Medicine and Primary Care*, 10(5), 1818. <https://doi.org/10.4103/jfmpe.jfmpe.2382.20>

¹⁸ Klanidhi, K. B., Ranjan, P., Kaur, T., Khan, M., Ghosh, T., Upadhyay, A. D., Chopra, S., Sarkar, S., Kaloija, G. S., Barre, V. P., Singh, A., & Prakash, B. (2021). Socio-behavioural impact of COVID-19 on general population: A cross-sectional survey of one thousand seventy-nine participants across India between the first and the second wave of pandemic. *Diabetes and Metabolic Syndrome: Clinical Research and Reviews*, 15(4). <https://doi.org/10.1016/j.dsx.2021.05.017>

¹⁹ Focus Group-1, Woman-5th

²⁰ Focus Group-2, Woman-3rd

²¹ Focus Group-3, Woman-8th

²² Nikolov, P., Pape, A., Tonguc, O., & Williams, C. (2020). Predictors of Social Distancing and Mask-Wearing Behavior: Panel Survey in Seven U.S. States. www.iza.org



used to wash our hands with soap and drink warm water and kadha. We stopped meeting people, attending weddings or any other functions, and locked ourselves in our homes to avoid getting infected. We used to go out only to buy household items" (FG3, W2)²³. Women were worried about the safety of their family members. They made sure that children wore masks and washed their hands regularly. Women used to ask their husbands to remain quarantined for 14 days when they migrated to villages. Few women reported having huge fights with their husbands over getting quarantined because their husbands refused to isolate themselves. "We have faced several issues for more than two years. During the lockdown period, we used to stay at homes only, and public get-togethers never took place. "We did not visit each other's houses either" (FG2, W8)²⁴.

6.3 Vaccination Myths:

Women were terrified of the COVID-19 vaccination, fearing infection or other diseases. "Many people got sick after taking the vaccination, which discouraged people from taking vaccinations" (FG2 W5)²⁵. Women, in particular, were reluctant to take the vaccination initially. There were several myths doing the rounds in villages related to COVID-19 vaccines. "The COVID-19 vaccine may harm women's ability to conceive, according to what we've heard" (FG3 W7)²⁶. ASHA workers used to educate them and make them aware of the benefits of taking the COVID vaccination. "There was a myth doing the rounds in the village that the death rate increased due to vaccination. "In fact, those who died from natural causes were thought to have died as a result of the vaccine" (FG3 W2)²⁷. When the government stopped giving rations and money to those who were not vaccinated, people started taking vaccinations. "To receive the free rations and other government benefits, we had to get the immunisation" (FG1 W7)²⁸.

6.4 Increased Consumption of Information:

All female participants reported increased consumption of news and information from various sources during the pandemic. "We did not want to watch daily soap operas or films during the pandemic; most of the time our family used to watch news to get updates about the coronavirus from all around the world. (FG1, W7)²⁹. Mass media, interpersonal communication while maintaining social distancing, and mobile phones remained the major sources of information. News reports related to the rising number of deaths made them stressed and created anxiety, panic, and fear, which resulted in adopting self-protective behaviour. "We also experienced boredom during the lockdown because it was completely forbidden to have face-to-face

²³ Focus Group-3, Woman-2nd

²⁴ Focus Group-2, Woman-8th

²⁵ Focus Group-2, Woman-5th

²⁶ Focus Group-3, Woman-7th

²⁷ Focus Group-3, Woman-2nd

²⁸ Focus Group-1, Women-7th

²⁹ Focus Group-1, Woman- 7th



conversations, which are the main means of communication in villages." "As a result, we used to spend time with our families, watch television, and use our mobile phones" (FG1 W6)³⁰.

6.5 Role of Media:

Focus groups underscored that woman learned about the precautionary measure and COVID-19-appropriate behaviour through television and mobile phones. In comparison to male members of the family, women and girls have less access to smart phones and the internet. Women also have less access to information about COVID-19 preventive measures (Azcona, Bhatt, Davies, et al., 2020)³¹. "We used to watch news on television and talk to our relatives and neighbours to know about the precautionary measures " (FG3 W4)³².

All the female participants unanimously considered television the most trusted source of information during the pandemic. Mobile phones and information from neighbours and relatives are the second source of information for the COVID updates. "Our children sometimes read newspapers on a tea stall or in a shop, then they used to inform us about any big or exclusive news" (FG2 W6)³³. "I considered television the most credible source of information during the pandemic" (FG2, W1)³⁴. " At that time everyone was relying on their mobile phones for regular updates and used their mobile phones as a coping device" (FG2, W3)³⁵. During the pandemic, women in villages believed what the media and news channels broadcast. The two words that came up most often during the discussions were television and mobile phones. *I also use a smart phone and got information about COVID through social media platforms like WhatsApp groups, where families, relatives, and neighbours used to share information" (FG3, W5)³⁶.*

6.6 Lack of Comprehensive Knowledge about Coronaviruses:

Women know about the symptoms of the COVID-19 pandemic, but they do not know what a coronavirus is. "We know that Corona originated in China and later spread to other countries through migration of people" (FG1, W5)³⁷. "We don't know what exactly a coronavirus is; can you tell us, ma'am?" (FG2, W4)³⁸. Lack of in-depth and comprehensive knowledge about coronavirus also resonated with other focus groups, where women collectively were able to recognise the preventive measures but were unaware of the drastic impact or secondary effects of the pandemic

³⁰ Focus Group-1, Woman -6th

³¹ Azcona, G., Bhatt, A., Davies, S., Harman, S., Smith, J., & Wenham, C. (2020). Will the pandemic derail hard-won progress on gender equality? Spotlight on gender, COVID-19 and the SDGS acknowledgements.

³² Focus Group-3, Woman-4th

³³ Focus Group-2, Woman-6th

³⁴ Focus Group-2, Woman-1st

³⁵ Focus Group-2, Woman-3rd

³⁶ Focus Group-3, Woman-5th

³⁷ Focus Group-1, Woman-5th

³⁸ Focus Group-2, Woman-4th



on humankind. Throughout the discussion in all three groups, women kept saying that "we watched news on television and did what we were asked to do. It was shown on television that people were dying all over the world". Apart from a few women, most of the women were the passive recipients of the information as they were busy doing an abundance of household chores and caring for others, or they were working in the fields. "My husband works in Kuwait; he used to call us every other day to inform us to remain safe at home as the situation outside is very disturbed" (FG3 W6)³⁹. Women were also less aware of the health schemes or facilities available for pregnant women, victims of domestic violence, and women facing any physical disability.

7. Discussion:

Our study exploring rural women's understanding of the COVID-19 pandemic and the role of media in public health communication during the Coronavirus outbreak gave us some very significant insights into the situation and exposed the ground realities of the villages of eastern Uttar Pradesh. After analysing the data, three major themes have been identified to discuss the findings of the study. They are:

7.1 Importance of Credible Sources of Information:

Three focus group discussions highlighted that mass media exposure during the pandemic brought a positive impact on people's preventive behaviours in the absence of non-pharmaceutical interventions. The role played by the media during that period included public health communication and encouraging people to adopt pandemic-appropriate behaviours (Liu et al., 2020)⁴⁰. Higher consumption of information about the coronavirus has led to distress and resulted in greater compliance with the precautionary measures and appropriate behaviour. However, distress can often lead to information avoidance, which could impact crisis management in a negative way. But, greater trust in the source of information may lead to less information avoidance (Siebenhaar et al., 2020)⁴¹. Effective channels of communication at the grass-roots level may help in bringing positive change to the health behaviours of villages. It has been found that people took preventive measures as a result of increased exposure to COVID-related information and news (Gette et al., 2021)⁴². During such crises, effective health communication is critical for

³⁹ Focus Group-3, Woman-6th

⁴⁰ Liu, L., Xie, J., Li, K., & Ji, S. (2020). Exploring how media influence preventive behaviour and excessive preventive intention during the COVID-19 pandemic in China. *International Journal of Environmental Research and Public Health*, 17(21), 1–27. <https://doi.org/10.3390/ijerph17217990>

⁴¹ Siebenhaar, K. U., Köther, A. K., & Alpers, G. W. (2020). Dealing With the COVID-19 Infodemic: Distress by Information, Information Avoidance, and Compliance With Preventive Measures. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.567905>

⁴² Gette, J. A., Stevens, A. K., Littlefield, A. K., Hayes, K. L., White, H. R., & Jackson, K. M. (2021). Individual and covid-19-specific indicators of compliance with mask use and social distancing: The importance of norms, perceived effectiveness, and state response. *International Journal of Environmental Research and Public Health*, 18(16). <https://doi.org/10.3390/ijerph18168715>



adopting culturally appropriate behaviours and combating misinformation (Lep et al., 2020)⁴³ (Borah et al., 2022)⁴⁴. In this direction, our study shows that rural women used to follow the COVID guidelines, which was the result of their trust in news sources. In our study, we learned that fear and anxiety led rural women follow those precautionary measures. These findings are consistent with other research, which underlines that within the context of preventative health behaviours, worry is a key determinant of behaviour (Barber & Kim, 2021)⁴⁵.

7.2 Content and Framing of Health Messages:

When it comes to rural women's understanding of the pandemic, the study found that there has been a lack of in-depth knowledge regarding the coronavirus infections. They knew about the preventive measures that were repeatedly flashed by the media. One of the major reasons for their limited knowledge and understanding of the COVID-19 pandemic is the content and framing of the media messages. During our conversations, we discovered that rural women were having difficulties understanding many terminologies, scientific words, and slangs related to the coronavirus pandemic. Hence, it is important that health information and messages be provided to vulnerable women and girls in local languages to ensure their safety (UN Women, 2021)⁴⁶. Those messages must be formulated keeping in mind their various concerns. The authorities must make sure that the updates on COVID-19 preventive measures are circulated in a language that they understand and that is culturally appropriate (UN, 2020)⁴⁷, as this study is consistent with our findings, which concluded that there is a low level of information and media literacy among rural women. Policymakers and media organisations should focus on framing of health messages and their content while communicating with the local public (Gantiva et al., 2021)⁴⁸ (Su et al., 2021)⁴⁹. As per the findings of the study, it has also been observed that negative-framed messages have caused panic and anxiety in villages during the pandemic.

⁴³ Lep, Ž., Babnik, K., & Hacin Beyazoglu, K. (2020). Emotional Responses and Self-Protective Behavior Within Days of the COVID-19 Outbreak: The Promoting Role of Information Credibility. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.01846>

⁴⁴ Borah, P., Lorenzano, K., Vishnevskaya, A., & Austin, E. (2022). Conservative Media Use and COVID-19 Related Behavior: The Moderating Role of Media Literacy Variables. *International Journal of Environmental Research and Public Health*, 19(13). <https://doi.org/10.3390/ijerph19137572>

⁴⁵ Barber, S. J., & Kim, H. (2021). COVID-19 Worries and Behavior Changes in Older and Younger Men and Women. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, 76(2), E17–E23. <https://doi.org/10.1093/geronb/gbaa068>

⁴⁶ Azcona, G., Bhatt, A., Encarnacion, J., Plazaola-Castaño, J., Seck, P., Staab, S., & Turquet, L. (2020). From Insights to Action: Gender Equality in the Wake of COVID-19. United Nations.

⁴⁷ Recommendations into Action Brief COVID-19: Safe Cities and Safe Public Spaces for Women and Girls. (2021).

⁴⁸ Gantiva, C., Jiménez-Leal, W., & Urriago-Rayó, J. (2021). Framing Messages to Deal With the COVID-19 Crisis: The Role of Loss/Gain Frames and Content. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.568212>

⁴⁹ Su, Z., McDonnell, D., Wen, J., Kozak, M., Abbas, J., Segalo, S., Li, X., Ahmad, J., Cheshmehzangi, A., Cai, Y., Yang, L., & Xiang, Y. T. (2021). Mental health consequences of COVID-19 media coverage: the need for effective crisis communication practices. In *Globalization and Health* (Vol. 17, Issue 1). BioMed Central Ltd. <https://doi.org/10.1186/s12992-020-00654-4>



7.4 Need for Gender-Sensitive Reporting:

Given the socio-cultural and economic vulnerabilities attached to rural women, it is crucial that they have access to accurate and detailed coronavirus public health information (UN, 2020)⁵⁰, which we found lacking during our study. After concluding the discussion in all three villages, it has been ascertained that the socio-economic and health conditions prevalent during the COVID-19 pandemic had a severe impact on women's mental health and well-being. In between those struggles, adopting the pandemic guidelines and behaviours needed to suppress its effects was distressing for women (Eltayeb & Badri, 2022)⁵¹. Hence, there is an urgent need for extensive research on other gender-specific health effects of the coronavirus pandemic other than obstetric care. The study should be performed in reference to the gender differences in health risks in past outbreaks like SARS, Ebola, and Zika (Connor et al., 2020)⁵².

8. Conclusion:

The COVID-19 pandemic had a drastic direct and indirect impact on women living in rural areas of India. The researcher saw the widespread use of mass media during the group talks, but it was also discovered that rural women had a low level of information and media literacy. They mostly relied on television and social media to get updates on the pandemic. During any health crisis, there is an urgent need for gender-sensitive reporting so that health information can reach the most vulnerable members of society. We should all take note of the lessons the current pandemic has taught us and make investments in health education, particularly gender-specific health education.

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