



Regular Article

Information Poverty, Risk Communication, and COVID-19 Information Access: A Case in Cavite, Philippines

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Abstract Inner-city dwellers are affected by risk information constraints. Studies show that existing communication strategies are designed to inform the general population, but there are still gaps. This paper examines the information poverty existing in the inner-city community of a Barangay in Cavite, Philippines, in the context of the COVID-19 pandemic. We present in this research the results of the interviews conducted among the inner-city community members. Interview transcripts were analyzed using thematic analysis. Results show that they were aware of the symptoms, transmission, and prevention of COVID-19. The challenges they faced included access to digital technology and infrastructure, which is an additional cost for the community members. Their sources of information are interpersonal channels and media sources. However, they mostly rely on what their neighbors say, shaping how they receive and accept information. The information poverty existing in Barangay Maliksi is characterized by a lack of information and misinformation. We suggest that the information dissemination approach should consider the information sources that the community tends to seek out more.

Keywords: information poverty, risk communication, information access, vulnerable group, COVID-19 information

1. INTRODUCTION

Inner-city dwellers are severe and widespread in Third World countries. They are typically overcrowded, environmentally sensitive, often found near political conflict zones, and are in

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vulnerable areas (Lewis et al., 2016). According to Corburn and Sverdlik (2017), although inner-city dwellers' upgrading is widely acknowledged for improving shelter and supporting economic growth, its potential to increase health equity is frequently neglected. Vulnerable groups, such as urban dwellers, are the ones who are affected by the public health information constraints regarding its effectiveness. Vieira et al. (2020) and Gil et al. (2021) perceived that, as the epidemic spreads to low- and middle-income nations, where health systems are weaker and demand is high, the lower socioeconomic level of particularly vulnerable populations may complicate the implementation of preventive measures. In times of global health pandemics like COVID-19, effective information management (gathering and distribution) is essential to achieve the desired goal. The reliance on the media for information dissemination is an anticipated and intentional component of the process. With the increasing demand for sources every day, people expect reliable, concise, and accurate public health information. However, one of the challenges in spreading public health awareness is the limitations on how certain public health reports were reached due to societal status concerns and other factors.

Inner-city dwellers and urban informality are a few of the most severe and widespread problems among Third World countries (Nasaar & Elsayed, 2018). In developing countries, there are approximately 881 million people residing in inner-city dwellings alone, and these numbers are still expected to double by the year 2030 (Jones, 2017). People who live in urban informality constitute one of the most disadvantaged sections of society (Ezeh et al., 2017). They are faced with multiple deprivations of life-supporting services such as housing, water, sanitation, social welfare, education, and health services. They are denied access to basic infrastructures that prevent them from participating in normal activities of the society (Corburn & Sverdlik, 2017). They are labeled as ultra-vulnerable and unhealthy due to their high densities, economic hardship, infrastructural deficiencies, and viral loads (Ezeh et al., 2017; Raju et al., 2020). Even though there are worldwide efforts to address their needs, Hoernke (2020) reiterated that the need to address this type of situation is “largely failing”. More so, Corburn and Sverdlik (2017) pointed out that among these efforts, the right to health equity for inner-city dwellers is evidently neglected. In their study, they analyzed urban slum upgrading interventions in Latin America, Africa, and Asia. Among these interventions, they have found that issues addressed by these initiatives focus on economic and environmental projects, and rarely target the improvement of health necessities among inner-city dwellers.

Individuals who live in urban informality have less access to health resources, and experience more infections that lead to earlier causes of death (Friesen et al., 2020). Corburn and Sverdlik (2017) and Duque et al. (2020) further discussed that due to the overlapping challenges of poor living conditions and insufficient access to basic services, inner-city dwellers are more exposed to a higher risk of health complications. Moreover, Duong et al. (2017) reiterated that the ability to process health information is essential to mitigate health complications. However, levels of knowledge and perceived risk of infection are also low among inner-city dwellers (Fouad et al., 2021). For instance, in a study conducted by Asibey et al. (2019) among two low-income informal neighborhoods in Ghana, they found that waste collectors among this population had low knowledge and were not aware of possible health

risks brought by the nature of their work, leading to less priority in safety practices. Smith and Judd (2020) identified that health systems in many developing countries are lacking adequate resources and infrastructures to sustain public health. It then becomes an endless cycle of living alongside health, environmental, and socio-economic dangers, all of which have a significant impact on health outcomes, most especially among inner-city dwellers. (Friesen et al., 2020; Wilkinson et al., 2020).

Research on inner-city dwellers amidst the pandemic focused on the information crisis and inadequacy of effective response to combat the high potential risk caused by the virus. People living in informal settlements have less access to health resources, suffer from increasing illnesses, and die in the process. It is recognizable that existing communication strategies are making great efforts to inform the public about the crisis; however, inefficiencies are still present. This may include a lack of up-to-date information about the virus's spread and are unawareness of the pandemic's gravity and associated dangers. As articulated earlier, information may be unreachable for some, particularly to the vulnerable populations (Coetzee & Kagee, 2020). According to Baltazar and Cheong (2021), public health campaigns focused toward the general populace may not be accessible for "stateless and legally marginalized communities." Having in mind the complexity of scientific knowledge, some messages may not be understandable for this sector that faces varied constraints and distinct necessities. Moreover, a study has shown that among different platforms, income-poor Filipino households mostly use television and radio to acquire COVID-19 information (Lau et al., 2020). Some obtain the same information from friends, family, and neighbors, while the least accessed platform is the internet or social media (Saud et al., 2020).

The number of urban dwellers in the Philippines is still increasing. In times of this pandemic, it is crucial that they should be well-informed and educated about the authorities' actions on combating the virus that is still widely spreading. They are prone and vulnerable, especially to contracting the disease in this pandemic. The convenience and accessibility of resources, as well as the platforms, should also be considered to establish the efficiency of information on their crisis response. Wilkinson et al. (2020) and Nyadera and Onditi (2020) emphasized that clear and adequate information and advice are essential and are pertinent to issues confronting a diverse set of people.

Compared to other Southeast Asian countries, the Philippines has the least effective communication and information dissemination strategies implemented towards its citizens. Assumably, failure to provide COVID-19 information to the vulnerable communities contributes to this inadequacy (Buhat, 2021). For instance, inner-city dwellers may lack consistent and accurate sources of information regarding the COVID-19 pandemic, leaving them unable to reduce the risk of infection during growing outbreaks. They may be aware of the importance of hand hygiene as a preventive measure against infection, but they may still be unable to identify other important measures, including social distancing and avoiding groups of people. Despite that there is a link between knowledge and practice, the percentage of people who practiced precautionary measures was relatively low (Lau et al., 2020).

Barangays in the Philippines are the smallest administrative and political unit of government in the Philippines, which is similar to a neighborhood (Porio & Roque-Sarmiento, 2019). In the case of the City of Bacoor, Cavite, this area has a large number of barangays with inner-city dwellers. There are 1,000 families living along coastal areas and waterways. The insufficiency of information and knowledge about the measures on public health measures is pervasive. Thus, it highly affects their perception and response to the deadly disease. More so, they lack access to the communication channels that are being used for the dissemination of essential data and information. The effectiveness and efficiency of the public health measures were situated in a low level of awareness concerning the factors that affect their limitations in acquiring such a large amount of public health information. They may be taking some precautions, yet are unaware of their usefulness in virus prevention. The low number of people residing in informal settlements practicing preventive measures, with the exception of handwashing, highlights the need to expand and enhance public health information translation in outbreak circumstances and also to examine additional possible uptake hurdles among low-income populations (Lau et al., 2020). The amount of information that the inner-city dwellers received will affect their responses based on their chosen platform. More so, it has enormous potential health consequences for them if other control measures and significant protocols are not practiced properly; these consequences could be severe since they are susceptible to sickness. Using the case of Barangay Maliksi, Bacoor City, Cavite, this study aimed to address the question: *What are the perceptions of the selected residents in Barangay Maliksi 1, Bacoor, Cavite, on COVID-19 based on their information access?*

2. METHODS

Existing communication methods are clearly making tremendous efforts to educate the public about the crisis, yet there are still inadequacies. This may involve insufficient information distribution of current health recommendations, such as those published by authorities. Some individuals are also confused about the pandemic's seriousness and related risks due to a lack of up-to-date information on the virus's spread. Information may be inaccessible to certain people, especially those who are vulnerable (Coetzee & Kagee, 2020). In this study, to further explore the research question, the researchers utilized a qualitative method to gather, analyze, and explain the perceptions of the participants on COVID-19 based on the information access. Through this method, the researchers also constructed meanings and interpretations of the participants' situations of the inner-city dwellers amidst the pandemic in acquiring public health information about COVID-19. The constructivist approach allows the research to explore the different realities in the context of the participants, as is intended in the exploration of their perception of COVID-19 as shaped by their information access.

Cavite was the top province of the Philippines that recorded the highest number of deaths due to COVID-19 as of 2023 in the Philippines (World Health Organization, 2023). Bacoor City was also the second town in the province with the most number of COVID-19 cases

(Provincial Office of Cavite, 2023), and the city recorded Cavite's first death due to COVID-19 (Cinco, 2020). Barangay Maliksi is where the inner-city dwellers are located, particularly in Maliksi 1. It is also the barangay that refused to be vaccinated during the height of the pandemic. The targeted participants of this study were the household heads of inner-city dwellers in Barangay Maliksi 1, Bacoor, Cavite, Philippines.

The participants were selected based on the given criteria: living alone in the coastal area, and with mobile phones or other communication platforms. The participants live in hazardous housing conditions, lack of tenure, security, and have limited access to clean water, electricity, proper sanitation, and health care. To ensure that exposure to the described living conditions is experienced, participants were limited to residents who have been living in the area for more than two (2) years until present. Open-ended questions were asked to allow the participants to freely and naturally express their perspectives. The interview questions contained 13 questions, with three (3) questions about the COVID-19 information that they know; three (3) questions about the challenges that they are experiencing in accessing COVID-19 information; and seven (7) questions about how they perceive COVID-19 information based on their access. Filipino language was applied for the discussion of consent and in the actual interview. Each interview lasted for 20 to 30 minutes. The interview was conducted January 5 – February 10, 2022 at the heel of the pandemic and with stringent protocols still in place. Twenty (20) household heads agreed to be interviewed. The participants were 30- 50-year-old fishermen of a four to five-member household. The researchers utilized a phone interview due to the existing protocols in effect during the interview. Protocols in the Philippines then meant distancing or limited outside contact. During the actual interviews, the researchers kept in touch with the Barangay and the representative of the NGO in the area. Along the process, participants' consent was also verified. Significant information about the study was also stated in the reaffirmation of their participation in this research.

First, the researchers coordinated with the local authorities in Barangay Maliksi 1 in getting in touch with the Non-Government Organization (NGO) to request assistance in conducting the interview among possible participants in the area. The researchers sent a letter of request via electronic mail to conduct the interview to the barangay chairman as the recipient. The message also includes a permission request to access the list and contacts of possible participants for the study, given the criteria: living in the coastal area, and with mobile phones or other communication platforms. After processing the formal letter/s, the researchers used the criteria in choosing the participants. They were contacted by the researchers to verify their identity from the barangay profile, and asked if they are willing to be the participants of the study. The researchers also explained the significance of their participation, the possible benefits, and the kind of questions that they are expected to answer. After they agreed, the consent form was discussed, and the researchers also asked for their signature. The document was sent to the non-government organization (NGO) representative for checking, and afterward, it was forwarded to the participants.

During the actual interviews, the researchers kept in touch with the Barangay and the representative of the NGO in the area. Throughout the process, participants' consent was also verified. Significant information about the study was also stated in the reaffirmation of

their participation in this research. In this study, coding techniques were applied for condensing data into identifiable topics. Coding data is an iterative process that focuses on a detailed analysis of information in order to capture, to the greatest extent feasible, participants' insights as well as perceptions.

After conducting the interview with the participants, the researchers transcribed the recordings. The text transcription was carefully reviewed, and data was organized by identifying the information from the text transcription of each participant that was answered based on the interview guide. After organizing the data, each data was coded that was relevant to or captured something interesting about the research question. Then the codes were examined and organized into themes that appeared to respond to a specific research question. The commonalities of the codes were also considered. The coding technique was also qualitative in nature, dependent on emerging codes which informed the themes. The process was reflexive, not reliant on the quantity but on the code's association and the meaning it adds to the reality being communicated by the participants. The participants' data was then analyzed to determine if it was associated with each theme and considered if the data supported it. In this case, the theme should work in the context of the entire data set. On the other hand, the researchers ensured that the raw data was able to substantiate the accuracy of all the findings. The analysis included verification indicators: a) concrete, detailed descriptions obtained from the participants; b) essential meanings were discovered; c) a structure was articulated; d) the raw data verified the results.

3. RESULTS AND DISCUSSION

This study utilized data derived from the interview transcripts, which dictate the overall themes. Such data are presented systematically and objectively to aid understanding and interpretation of the gathered information. The themes derived were descriptive in nature, describing patterns in the data that were relevant to the research questions.

3.1 Participants' Knowledge of COVID-19

The participants' knowledge of COVID-19 symptoms, transmission, and prevention was mostly based on their access to TV news, directly heard from the community, and from Facebook posts.

3.1.1 Symptoms

Nineteen of the participants recognized COVID-19 symptoms, which include coughs, colds, sore throat, fever, tiredness, and loss of taste or smell. This information was already circulating as part of the community's conversations. However, only some of the participants mentioned difficulty in breathing and chest pain since they seldom hear this from the people in their community.

3.1.2 Transmission

Nineteen of the 20 participants stated that saliva droplets could potentially infect them or other people. Having direct contact with others who have COVID-19 symptoms, such as colds and coughs, could also transmit the virus, most especially when exposed in a place with a lot of people who are possible carriers of the virus. Not wearing face masks could also put them at risk. This information was mostly heard from their neighbors, although some claimed that they also saw it on social media as shared posts

3.1.3 Prevention

The participants shared that the ways to prevent being exposed to the virus are to maintain social distancing, avoid crowded places, and direct contact with other people. They also stated that the proper use of personal protective equipment like face masks whenever they be outdoor or while doing their livelihood activities is essential. Using alcohol and practicing proper hand washing are needed as a preventive measure.

3.2 Barriers to Information Access

3.2.1 Access to Digital Technology and Infrastructures

Participants encountered an unstable internet connection because they are located in the coastal area. Other residents use data connections; however, they also experience the same problem. Residents also rely on retail internet connections, such as “*piso wifi*”, in order to access information. *Piso wifi* is a type of retail internet connection that allows users to connect to the internet for a predetermined duration by inserting coins or tokens into a Wi-Fi-enabled device. It is called Piso-wifi because the minimum amount of coin you can insert is one Philippine Peso (around \$0.018 US dollars). The duration would be dependent on the assigned time per amount (eg., Php 1.00 = 3 minutes).

They are also usually simultaneously connected to one provider, causing slow connections, and at some point, the signal is completely unavailable for accessing information. On the other hand, some of them do not own devices like mobile phones and televisions. This lack of both technology and infrastructure that support access to information in digital form prevents them from accessing sufficient information about public health protocols.

This was also stressed in the findings of Crawford and Serhal (2020) and Borg et al. (2019), wherein they cited that these external barriers lead to limited engagement with technology, which in turn restricts access to digital health information.

3.2.2 Additional Cost

Accessing information online also means additional expenses for the participants. The participants are fisher folks, and their income is only sufficient for their daily needs. On average, fisher folks in the Philippines are considered the poorest in the country (Factura et al., 2020) with an average annual earning of PHP 132,800 or US\$2619 (Palanca-Tan &

Bongat-Bayog, 2021). Thus, they would rather prioritize their daily needs and refrain from actively seeking information online and simply endure their situation.

This coincides with what Crawford and Serhal (2020), Domapielle et al. (2023), and Farajpahlou et al. (2022) cited that poverty can be a barrier to access to digital health information. Health care is one of the areas where those living in poverty have a greater tendency to assume a risky behavior despite possible negative consequences (Shankar et al., 2010).

3.3 Sources of COVID-19 Information

3.3.1 Interpersonal Channels

Nineteen of the 20 participants relied on the COVID-19 information they heard within their community and specifically from those they usually interact with, such as their neighbors. Normally, the information surfaces while they are discussing other matters. Most of the time, it is the latest protocol being implemented in their area. They consider the ones with whom they have regular contact to be informed. This was also observed by Chatman (1996) that those in poverty prefer to acquire information and knowledge from those they have direct interaction. This was also cited as a more pronounced practice among Africans with low income (Spink & Cole, 2001). This was also observed by Ahmad et al. (2021) among their respondents in Pakistan, wherein they also include friends and neighbors as main sources of information about dengue.

3.3.2 Media Sources

This is the other source of COVID-19 information when participants do get the opportunity to have access to digital technology and other media devices. However, they do not actively use these channels. They would normally just come across the information while scrolling on their mobile. Additionally, they sometimes watch television news, relying only on information that they will chance upon at that specific time.

3.4 Information Poverty of Barangay Maliksi

Marcella and Chowdry (2020) identified a lack of capacity to use information and data to make sound decisions.

Lack of information, misinformation, or disinformation, and lack of capacity to create information and participate in informing society as the three forms of information poverty. Lack of information, misinformation, or disinformation is the form that characterizes Barangay Maliksi's information poverty.

Chatman (1996) defined information poverty as a state in which people are unable to exchange knowledge or approach others for required information due to a sense of isolation. The Barangay Maliksi itself is physically far from the city proper, including the municipal

office. It is also along the coastal area of the city. Both of these characteristics contribute to the difficulty of accessing and receiving information, whether this be through traditional or new media channels. This form of isolation prompts them to have a stronger affinity to those who belong in the same community (Johnson, 2022), a phenomenon that was strongly evident, especially during the pandemic (Jewett et al., 2021). Thus, they mostly prefer first-hand knowledge from direct contact or interaction with the people around their area. This results in a false reality built around the common and pervasive ideas and information circulating within the community. Hence, they have a tendency to disregard some important information that might help them, and will establish such misconceptions about COVID-19. Ahmed et al. (2020) and Ali et al. (2020) further argue that individuals with limited access to information channels are particularly affected by misinformation and miscommunication and are hence more prone to disregard official health warnings. The misinformation includes misleading news articles, conspiracy theories about the virus's origins, ineffective home cures for treatment, and a disregard for the importance of preventive measures such as social isolation and wearing a mask (Fischer et al., 2021). This is reflected in what was stated by participant 1:

“KungKung tutuusin kung may COVID, dapat naubos na tao dito sa Pilipinas, e walang gamot ‘yun e (if COVID is true, then people in the Philippines should already be eliminated by now since it has no cure).”

- participant 1

Since the participants mostly rely on what their neighbors will say to them, and have limited access to other communication platforms like TV and social media due to a lack of resources, inconsistent signal, and high demand of expenses, they become confused with the information they receive. They have a tendency to disregard official health warnings even from news channels. Hence, certain beliefs eventually developed among the community, wherein they even questioned the existence of COVID-19 and stated that this might just be a business to make a profit out of people, and the relevance of a vaccine:

“parang nasa isipan ko lang po yon ah naguluhan na po kasi ako parang gawa gawa lang ng mga doctors parang ganon na ikalat nila yung ay yung as in sila lang gumagawa nung ganon na sakit, tapos sila lang din naman di ba yung naghahanap ng lunas? Parang ganon ang naisip ko ... Kaya ako parang di rin ako naniwala sa COVID, di ako naniwala. (I am really confused about it (COVID). It was made by doctors for it to be spread and now they are looking for a cure? That is what I think. That is why I do not believe in COVID, I really do not believe it exists).”

- participant 5

This can leave them uninformed about the pandemic, leading them to rely on anecdotal, but inaccurate, evidence about the pandemic (Ogunkola et al., 2020). This also highlights a tendency towards relying on accidental risk exposure where they can form their perception of the risk (Tzioutzios & Cruz, 2021).

It could also be observed that they also evaluate information based on what the neighbors shared. They also share their responses on specific information they heard from the patrols and verify the information with their neighbors. This reflects what literature stressed that the information should be legitimized by the people within the community for it to be useful to the individual since they value social capital (Hidayati et al., 2024; Chatman, 1996).

4. CONCLUSION

4.1 The Perceptions of the Selected Residents in Barangay Maliksi 1, Bacoor, Cavite on COVID-19 Based on Their Information Access

Participants are well aware of COVID-19 symptoms, transmission, and prevention, which are common knowledge for the majority of people living within their community. The most and least prevalent information they access is based only on what they hear from people that surround them, people that they usually talk to, and least from reliable sources such as conventional news and social media.

Due to technical issues, considering the geographic location along the coast, limited source of income for connectivity, and limited knowledge of technology, inner-city residents are unable to get timely public health information. They mostly rely on what other members of their community have to say about COVID-19. At some point, they get perplexed with other information from TV networks and social media due to the said issues. More so, as they prefer to only depend on their neighbors, they refuse to ask questions to other people outside their community, resulting in them being at risk with high misconceptions. For them, COVID-19 is non-existent and fictitious based on their access.

COVID-19 information is sometimes perceived by residents through indirect sources such as Facebook and television. Despite the fact that health information is accidentally found online and protocols are posted on their barangay's Facebook page. They were unable to fully access health information due to an unstable internet connection in their area, a lack of internet budget, and, most importantly, a community notion wherein other potentially beneficial information is ignored since, for them, it is not relevant to their situation.

Residents also perceived COVID-19 through direct interaction with other people in their community. They mostly rely on people they have regular contact with to be informed. Even though barangay officials have given them information, they do not consider it valuable unless it has been verified by their neighbors.

4.2 Limitations of the Study

This study focused on the perceptions of the inner-city dwellers in Barangay Maliki 1, Bacoor, Cavite, on COVID-19 based on their information access using a qualitative method. The data collection was limited to the residents of Barangay Maliksi I, Bacoor, Cavite, located

in informal settlements. This study did not cover information seeking behaviors. The study also did not compare the experiences and the perceptions of participants to other areas with similar behaviors but with rich information. This undertaking was limited to information access of inner-city dwellers on COVID-19 information during the pandemic. Furthermore, the results were analyzed based on the transcribed interviews of the participants. The interview procedure was carried out through proper coordination with the barangay officers under the required due process. The study was carried out when strict contact protocols were being implemented, and thus limited the contact of the researchers with the participants. The study did not seek to make generalizations but rather to explore what is happening in the case of the inner-city residents of the barangay Maliksi as a case study using the context of information poverty and COVID-19. The study used a qualitative method to construct the realities of the participants through the voice of their answers, encapsulated in their stories.

5. IMPLICATIONS ON POLICY, PRACTICE, AND THEORY

5.1 Policy

Local authorities must increase their presence and reach within communities where citizens rely on and verify information. Barangay Maliksi 1, Bacoor, Cavite, may strengthen programs and services to raise COVID-19 knowledge among inner-city residents, as they mostly trust information from their neighbors without confirming its factual veracity from other sources. This could help local authorities understand the dynamics of information dissemination among the community, how their information access is affected by sociological conditions in their area (Chatman, 1996), and formulate a system or program tailored to the community's needs in COVID-19 awareness, which could also eliminate reliance on unreliable opinions. Residents require realistic and clear information to build the abilities needed to obtain technical knowledge (Chatman, 1996). Flyers, pamphlets, and other printed items with COVID-19 information might assist in keeping people informed. Continue existing patrols. With this, confidence between residents and the information immediately delivered to them by authorities may be developed, since it was noted that first-hand knowledge is preferred. This report highlights immunization initiatives. According to Barangay Maliksi's monthly inventory on COVID-19 immunizations, more than 90% of residents 18 and older are completely vaccinated. 9% of the population has a booster shot. This states that vaccination knowledge must be re-established among individuals since it's necessary to grasp the vaccine's significance, its effects, and its nature. The authorities are urged to ensure that all inner-city residents can access COVID-19 information and vaccination, and to help them understand the information and which information to trust.

5.2 Practice

For long-term action, concerning inner-city dwellers' hindrances such as the digital divide and a lack of awareness, they may also develop an effective health communication strategy to

help inner-city dwellers become more open and knowledgeable about COVID-19 information and take that information seriously, preventing them from having misconceptions. This may be constructed by collaborating with other local administrations in the Philippines to survey all inner-city people. This will also assist vulnerable populations in becoming more aware of the pandemic and protect them against the virus.

According to Baltazar and Cheong (2021), public health campaigns focused toward the general populace may not be accessible for “stateless and legally marginalized communities.” As residents rely on and verify information circulated within their community exclusively, it is needed that local authorities extend their visibility and reach among such communities. With this, the local government of Barangay Maliksi 1, Bacoor, Cavite could establish programs and improve their services in elevating COVID-19 awareness among the inner-city dwellers. They are encouraged to focus on monitoring the inner-city dwellers' experiences when accessing and receiving COVID-19 information, as residents tend to easily believe information coming from their neighbors without verifying its factual validity from other sources. This could help the local authorities understand the dynamics of information dissemination among the community, how their information access is affected by the existing sociological conditions within their area (Chatman, 1996), and eventually formulate a system or a program tailor-fit to the needs of the community in COVID-19 awareness, which could also eliminate reliance on unreliable opinions. In order to assist them in developing skills needed to access technical information (Chatman, 1996), factual and direct sources of information must be provided for the residents.

Communication materials such as flyers, brochures, or any printed materials containing COVID-19 information that are consistently distributed among the residents could help in keeping them updated about the latest information about the virus. Existing patrol activities could also be continued. With this, trust between the residents and the information directly given to them by the authorities may be established, as Chatman (1996) emphasized that first-hand knowledge gathered by the residents is preferable to them. Through the findings of this study, vaccination efforts are also highlighted. According to the monthly inventory of Barangay Maliksi on COVID-19 vaccinations, it has been recorded that more than 90% of the community ages 18 and above are already fully vaccinated. However, the booster shot vaccination is notably low, with only 9% of the population. This further explains that vaccination awareness must be re-established among individuals, as it is important to understand the importance of the vaccine, its effects, and to eliminate any form of misconception about its nature. The authorities are urged to ensure that all the inner-city dwellers in their areas can access health information.

They may also develop an effective health communication strategy that can assist the inner-city dwellers and increase their capacity to sort and filter health-related information as well as determine the reliability of media sources (Kelly et al., 2016). Existing efforts of the locale, such as regular barangay patrols, combined with the distribution of printed health-related information relevant to the needs of the barangay, may be carried out.

Since the residents exclusively rely on and verify information circulating inside their community, the local government must increase its presence and reach in such areas. It is recommended that they should formulate a system tailored to the needs of the residents when it comes to health information dissemination, and guide them to understand and decide which information to rely on. A more responsive health communication strategy alongside its existing practices could also help the locale overcome future health-related issues or challenges that it might face.

5.3 Theory

The theoretical underpinning of this study was purely based on the Information Poor Theory, which was proposed by Elfreda Chatman in 1996. She characterized the information-poor as individuals who "perceive themselves to be devoid of any sources that might help them" (1996a, p. 197). As for Chatman, information access is defined as the acquisition of information that is not simply based on available information but is affected by sociological conditions caused by the impoverished life world of people. More so, the fact that the availability of resources may be essential but is not sufficient to satisfy the demands of the underprivileged, may be especially relevant in respect to digital literacy and divide, as users may need support to develop the skills required to access technical information. In line with this, she also characterized information poverty as a state in which people are unable to exchange knowledge or approach others for required information due to a sense of isolation, suspicion of their surroundings, or a desire to look ordinary. That is, the information poor will conceal or disregard an information need rather than risk a negative influence on their life, and as a result, their information need will remain unfulfilled, given that help might have been available (Chatman, 1996). More so, for her, most of the time, first-hand knowledge through direct contact or interaction with other people in their area is preferred by the impoverished people over second-hand information obtained through official channels. Chatman's notion of information poverty encompasses a feeling of individual perception inside a framework of common social standards. It is not because information is unavailable; rather, the individual does not regard existing sources as beneficial (Chatman, 1996, p. 197). The information poverty theory is founded on four interconnected concepts: secrecy, deception, risk-taking, and situational relevance (Chatman, 1996). Risk-taking is a term that relates to a person's view of the value of a certain sort of information and the perceived risk associated with looking for or sharing that information. Chatman (1996) focuses her study on the idea of sense-making in order to understand situational relevance. She said that individuals who are living in a vulnerable situation do not recognize the significance of numerous sources provided by others in order to help them. Even if a source is seen to be potentially beneficial, it will be of little service to the person if it is not confirmed by others in their area. For sources of knowledge to be meaningful, they must make sense to the individual and be verified by other insiders. Insiders in any group adhere to a set of shared cultural standards that govern what is essential and how they live in their "little world" (Chatman, 1996, pp. 194-195).

Inner-city dwellers are one of the vulnerable communities, who are already at a disadvantage, will bear the burden of COVID-19 information inadequacy and misinformation. Such communication errors have severe and cumulative negative implications for many vulnerable groups (Clark-Ginsberg & Petrun Sayers, 2020). According to Ahmed et al. (2020), individuals with limited access to information channels are particularly affected by misinformation and miscommunication and are hence more prone to disregard official health warnings. This can leave them uninformed about the pandemic, leading them to rely on anecdotal evidence about the pandemic that may be inaccurate, making inner-city dwellers more susceptible to receiving wrong information about the virus, thus hampering containment (Ogunkola et al., 2020). In this case, deception will occur, and false information will be considered. This study contributes to the different to further understanding of the applicability and the theory's relevance specifically on information poverty's implications in large scale health risks and global pandemic. This adds to the nuances of the theory as communication intertwines with shared experiences that shape perceptions. The study argues that in cases like those of the conditions and context of Barangay Maliksi, they ignore other information that is not incomprehensible and contradicts their perceptions. They are susceptible to false information due to the lack of knowledge, considering that they disregard some of the information they need to acquire without taking the risk of a negative influence on their life. They are also at risk of high misconceptions on the COVID-19 information they receive while considering their situations for being isolated in approaching other people, outside of their context, to obtain the needed information. Thus, this could lead them to perceive different ideologies in the information they acquire.

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