

## **The impact of social markers on access to risk communication and tic by rural women in times of the Covid-19 pandemic**

### **O impacto dos marcadores sociais no acesso à comunicação de risco e tic pelas mulheres rurais em tempos de pandemia da Covid-19**

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**Resumo:** *O objetivo deste estudo é compreender como os marcadores sociais (gênero, território, raça e geração) influenciaram no acesso à comunicação digital dos riscos da covid-19 por mulheres rurais da Zona da Mata Mineira. Metodologicamente, utiliza-se a análise qualitativa interseccional para examinar os eixos de diversidade em que estão incluídas e dos quais são excluídas essas mulheres, analisando quais interseções e processos são mais significativos no contexto de desigualdades em que se inserem. Com base na abordagem teórica da comunicação de risco e da interseccionalidade, os resultados apontam que a sobreposição desses marcadores espelha uma realidade histórica de desigualdade, que comprometem o acesso à informação.*

**Palavras-chave:** *Comunicação de risco; Interseccionalidade; Mulheres rurais; TIC; Covid-19.*

**Abstract:** *The aim of this study is to understand how social markers (gender, territory, race and generation) have influenced access to digital communication of Covid-19 risks by rural women in the Zona da Mata Mineira. Methodologically, intersectional qualitative analysis is used to examine the axes of diversity in which these women are included and from which they are excluded, analyzing which*

*intersections and processes are most significant in the context of inequalities in which they are inserted. Based on the theoretical approach of risk communication and intersectionality, the results show that the overlapping of these markers reflects a historical reality of inequality, which compromises access to information.*

**Keywords:** *risk communication; intersectionality; rural women; ICT; Covid-19.*

## Introduction

Traditionally, women are responsible for care practices that demand attending to people and maintaining homes and other social environments essential for promoting health and well-being (IPEA, 2016). The practice of care is complex in rural areas, where 30 million Brazilians live (IBGE, 2018), because the combination of activities in the home and backyard, besides access to water and energy, demands more work and continuous organization of time (SOF, 2020). Furthermore, these women are the main characters in caring for and sorting family health issues, assessing the need to provide care to the family member or not; that is, the woman is an important “healing resource” (OLIVEIRA; MORAES, 2010).

The pandemic of the new coronavirus, SARS-CoV-2, first identified in China in 2019 and in Brazil on February 26 of the following year, exacerbated this scenario. The virus infected more than 37.6 million Brazilians,<sup>1</sup> leading to the deaths of more than 700,000, worsening the inequalities that exist in society and creating a situation that highlighted the vulnerable situation in which many rural populations found themselves. Care then began to involve everything from household chores (sanitizing masks, finding alternative sources of income, etc.) to seeking information on risk mitigation protocols.

Although it was a historic feat to develop, approve, and use several vaccines in less than a year after the first detected cases of COVID-19, it took a long time for vaccination to be available to everyone. Thus, due to the lack of vaccines, the fight against the COVID-19 pandemic relied on hygiene and social distancing protocols (PAHO, 2020). In this context, precise communication about the risks involved in the disease and the prevention methods became even more relevant for society to engage in this fight (WHO, 2018).

The Ministry of Health, the main body responsible for Brazilian public health, promoted campaigns to communicate the risk of

1 On 4 June 2023.

the pandemic to society. However, research indicates that these campaigns had a generalist emphasis, with no communication directed at the rural population, indigenous people, or traditional communities (RECUERO; SOARES, 2020; Author). The selective production of risk communication did not consider the dynamism and heterogeneity within rural areas, leaving underprivileged populations on the sidelines, especially amidst the pandemic.

Thus, since social media and government websites were the basis for risk communication, the 47 million disconnected Brazilians (Author) had limited access to such strategic information during a health crisis. Of these, 35% are Indigenous, and 29% are Black, besides the elders who do not have skills in Information and Communication Technologies (ICT), which means that, by opting mainly for digital communication, the government has further exposed vulnerable segments. Infocommunication inequality aggravates when crossed by the gender marker. Rural women, who historically have less access to land ownership, financing, or inputs, have been the group least connected to ICTs in most Latin American countries (ROTONDI et al., 2020).

Therefore, the new coronavirus pandemic has not affected all women equally. Besides gender, many variables interfere with the conditions that can promote health, such as the various markers of inequality (race, territory, generation, among others) and the products of their interactions, ratifying the interaction of disadvantages with preexisting vulnerabilities and producing different dimensions of risk exposure. For Abrams and Greenhawt (2020), risk is not objective and independent of the social context and can be aggravated by it.

Based on this context, this study aims to understand how social markers (gender, territory, race, and generation) influenced access to digital communication about the risks of COVID-19 by rural women in the Zona da Mata Mineira, including ten residents of the rural neighborhood of Palmital (Viçosa, MG) and ten from the settlement of the Landless Workers' Movement (MST) Olga Benário (Visconde do Rio Branco, MG). To this end, we use theoretical approaches to risk

communication and intersectionality to articulate the constraints imposed by social markers of difference on access to information about COVID-19 and to visualize preexisting structural vulnerabilities and reconfigurations in social organization strategies for the search for collective solutions by these women.

### **The right to COVID-19 risk communication**

In health emergency scenarios, communication plays a fundamental role in mitigating contagion. In this sense, in the late 1960s, the United Nations Educational, Scientific and Cultural Organization (UNESCO) put forward cultural diversity and inequality guidelines to rethink information flows, recognizing communication as a central dimension in political and social life. From this understanding, communication became a broad right and a fundamental condition for exercising citizenship and for the development of human beings, including the “right to hear and be heard; to inform and be informed” (STEVANIM; MURTINHO, 2021). For Araújo and Cardoso (2014), one cannot separate communication from an ethical project of society, in which material and symbolic powers are (or should be) distributed equally. For Stevanim and Murtinho (2021), the complete health of a population is a part of its democracy as its right to communication.

Furthermore, the authors state that the right to communication depends on the democratization of communication, public policies that promote social participation and the confrontation of neoliberal models and practices. For these reasons, Araújo and Cordeiro (2014) state that the right to communication is unequally distributed and concentrated in the most privileged social classes. Hence, public communication neglects information regarding “diseases of poverty” that do not arouse the interest of research and pharmaceuticals production, as they affect social groups without economic significance.

Seeking to guide the actions of the Ministry of Health (MS) in responding to this public health emergency, the MS activated the Public Health Emergency Operations Center (COE-COVID-19) on January

22, 2020, under the coordination of the Health Surveillance Secretariat (SVS), which developed the National Contingency Plan for Human Infection by the new Coronavirus (COVID-19). The plan offered three levels of response (Alert, Imminent Danger, and Public Health Emergency) based on assessing the risk of the impact of COVID-19 in Brazil (BRASIL, 2020). However, the implementation of the protocols for dealing with the pandemic indicated by the World Health Organization (WHO) and scientific evidence met a significant obstacle to building a social consensus on the risks of COVID-19: the denialist stance of the President of the Republic Jair Bolsonaro (2019-2023) (CAPONI, 2020; SODRÉ, 2020; GRAMACHO, TURGEON, 2021).

Among other measures, the National Contingency Plan for Human Infection by the new coronavirus, proposed by the Ministry of Health, instructed the following in its Risk Communication (CR) topic.

[...] Inform the measures professionals from different areas and the general population should adopt. Prepare, together with the technical area, informative/educational materials about the new coronavirus and distribute them to the population, health professionals, journalists, and opinion makers. Make available advertising pieces for broadcast in different media outlets. Monitor social media to clarify rumors, gossip, and misinformation. Keep the new coronavirus website updated. Make informative/educational material available to specific audiences: managers, health professionals, travelers, and schools, among others. Establish partnerships with the public communication network (TVs, radios, and news agencies) to send messages with updated information [...] (BRASIL, 2020, p. 20).

The CR promoted by the federal government strayed far from this plan. Strategies for Risk Communication, amidst a global health crisis, must consider whether all recipients of a risk message can understand the content of the message, including vulnerable populations. Moreover, it is necessary to convince recipients to seek new attitudes and behaviors about a given risk and to create conditions for developing discussions about risks and the effective participation of interested groups (SORIANO; HOFFMANN, 2015). The authors also highlight that information

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corresponding to the risk does not always reach the vulnerable population group. These strategies also need to consider that risk experiences intersect with cultural, social, and psychological dimensions and may be individual or social for these interactions affect public perception and the behaviors associated with them (KASPERSON et al., 2016).

The communication largely produced by the Ministry of Health had largely an institutional and propaganda focus. 46.6% of the pieces published on the Ministry of Health's website between March and September 2020, when COVID-19 was on the rise in Brazil, had the aim of publicizing government actions, such as the federal government's response to the demands of Brazilian states and regions in assisting the population affected by COVID-19. The narratives emphasized the role of care, especially that of the federal government, which is responsible for distributing financial resources and equipment. However, media reports showed delays in the transfer of resources to create field hospitals and equip beds (Author).

Furthermore, government communication about COVID-19 had a digital emphasis in the first year of the pandemic. However, the efficiency of digital communication involves many factors, since not all online users can fight misinformation, using resources to verify the accuracy and credibility of health-related information. Therefore, during crises and disasters, the role of official health agencies becomes important not only to educate the public but also to dispel myths (MALIK et al., 2021).

The info-communication structure in Brazil is marked by chronic inequality, resulting from the national economic reality, which digital gaps in devices, connection, and literacy accentuate, since one in four Brazilians does not use the internet (LOPES; BASTOS; BARRETO, 2021; ROTONDO et al., 2020). Rural areas are an example of this inequality, where, according to the authors, info-communication access is more difficult and precarious. This factor increases the disparity in access to health promotion between rural and urban areas.

## The intersectional perspective in Communication

Intersectionality is not the sum of inequalities but the association of multiple systems of subordination and power, which synergistically affect women's lives (COLLINS, 2017). Brazilian feminist authors from the 1970s and 1980s, such as Lélia Gonzalez and Beatriz Nascimento, already denounced the multiplicity of oppressions and their intersections in the lives of historically marginalized subjects, confronting race and gender with class divisions, such as antagonistic relations between bosses and domestic workers. However, these thinkers did not develop a term to name this theoretical stance (CASEMIRO; SILVA, 2021).

Crenshaw (2002) proposed the use of intersectionality as a methodology to be used to address the causes and effects of violence against women in black communities, as it addresses how specific actions and policies generate oppressions that “flow along these axes, constituting dynamic or active aspects of disempowerment.” Within this understanding, we can reflect that, in several areas (education, basic sanitation, health, access to digital technologies, poverty), inequality is a striking factor in rural areas, especially when analyzing the reality of women in these contexts so that intersectionality is an appropriate approach to think about the situation of rural women.

According to Crenshaw (2002), the intersectional perspective seeks to understand the structural and dynamic consequences of the interaction between multiple axes of subordination since disadvantages interact with preexisting vulnerabilities, producing a different dimension of disempowerment. Research with this approach asks other questions about phenomena that have historically been studied from a neutral and impartial perspective, bringing to the debate the logic of oppression and the conditions of subjectivization, complexifying their analyses and perspectives (COLLINS, 2017).

Race as a concept marks inequality due to the hegemony of Western and universalist history, which drives the idea that Black people (Black and Brown, according to IBGE) are inferior and slaves by nature, so the stipulation of this category aims to naturalize yet another



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type of domination (NASCIMENTO, 1982). Classification by race is not for scientific reasons but rather social ones, and for Filgueira and Silva (2019), this “Western invention culminated in binaries (white and black, white and Indian, civilized and savage, colonizer and colonized) that calcified the modern structure of labor exploitation, enabling domination determined by skin color,” which we understand as racism.

The consequences of a process that imported a population and enslaved it for almost four centuries, with no compensation or access to land as reparation, resulted in poverty that has color, as stated by Sueli Carneiro (2011). By perpetuating these conditions, the capitalist system benefits from this exploitation by having cheap labor at its disposal (GONZALEZ; HASENBALG, 1982). This mechanism works linked to the practice of discrimination, which has generated and continues to generate racial inequalities. In this sense, according to Theodoro (2022), racism is the ideology that underpins social inequalities, shaping institutions that contribute to the naturalization of these inequalities, which allows a country like Brazil to grow and develop while keeping a large part of its Black population on the margins.

According to Gomes (2020), in Brazil, the White population receives higher incomes regardless of their level of education, while Black people represent 75.2% of the population with the lowest incomes. Moreover, the Black or Brown population is, to a greater extent, below the poverty line and lives in households with worse conditions and less access to goods and services than the White population (IBGE, 2019). As a result, amid the new coronavirus pandemic, health problems among Black women have been amplified due to disadvantaged positions within families, professions, and health institutions (PIRTLE; WRIGHT, 2021). In the case of rural women, the crossroads of social markers is still strongly permeated by the dynamics and constant negotiation between sex and generation, mainly due to the rural exodus of young people, so that the women who work the most on the farm are still the oldest, even receiving retirement pension (GERMINIANI; LORETO, 2017).

The territory can also be considered a significant social marker. For Santos and Silveira (2001), the territory represents the appropriated and used extension, encompassing everything from the implementation of infrastructures to the dynamism of the economy and society, including population movements, the distribution of agriculture, industry, services, the regulatory framework, civil, fiscal and financial legislation, and the scope and extension of citizenship. The territory is not the space but a production derived from its appropriation, a space transformed by the work contained therein, outlined by strategies of organization and control. Therefore, this appropriation is not a natural occurrence but a concrete fact of the human struggle for survival (RAFFESTIN, 1993).

The territory can link to social movements, like the Landless Workers' Movement (MST), a peasant social movement that is the result of an agricultural land issue that is structural and historical in Brazil and whose objective is to carry out agrarian reform, practice the production of ecological food, and improve living conditions in the countryside. The movement started in 1984, when rural workers, who led struggles for land and society democracy, met at the 1st National Meeting of Landless Rural Workers in the city of Cascavel, in Paraná, deciding to adopt land occupation as a form of struggle (CALDART, 2001).

## **Methodological Aspects**

To fulfill the general objective of this research, which has an exploratory nature and qualitative aspects, and considering the heterogeneity that exists in rural areas, which is multiplied by the various intersections of different markers of inequality (CRENSHAW, 2002), this study seeks to take into account the plurality of rural women.

We conducted semi-structured interviews with 20 rural women from the Zona da Mata region of Minas Gerais, aged 18 to 73, ten of whom lived in the Palmital neighborhood (Viçosa-MG) and ten in the MST Olga Benário Settlement in Visconde do Rio Branco (MG). To guarantee the privacy of each participant, we protected their names, replacing them with codenames. We use the letter "P" to designate residents of the

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Palmital neighborhood and “O” for the Olga Benário settlers. Thus, the group of residents of the Palmital neighborhood includes participants P1 to P10, and among the residents of the MST settlement are participants O1 to O10. Each codename appears with information on the race and age of the respective participants to ratify the intersectional perspective.

We processed the data manually using content analysis (BARDIN, 1977) and carrying out the step from an intersectional perspective, that is, through a critical analysis of the social markers of inequality in the phenomena under study (DÍAZ-BENÍTEZ; MATTOS, 2019). For an intersectional qualitative approach, one must define the categories, examine which axes of diversity are included and excluded, and seek their role in inequality, analyzing which intersections and processes are most significant in a given context (HUNTING, 2014). Thus, following a path still under construction in the intersectional methodologies field, we sought to systematize results, as far as possible, within frameworks called “Intersectional Perspective Frameworks.” These frameworks attempt to present articulations between the markers of race, territory, and age group with different variables and aim to make visible some inequities that need to be exposed to be understood.

## Results and Discussions

Table 1 below presents the profile data of the women research participants.

Table 1. Description of the participant group from the rural zone of the microregion of Viçosa and the Olga Benário Settlement

Participant	Age	Color	Schooling <sup>2</sup>	Monthly family income (in minimum wage)
P1	42	Black	None	1.5 wages
P2	26	Brown	Incomplete undergraduate studies	2 wages
P3	73	Brown	Fundamental Education I	2 wages
P4	37	White	Fundamental Education II	2 wages
P5	44	White	Fundamental Education I	2 wages
P6	46	Black	Fundamental Education I	1 wage
P7	58	White	Fundamental Education II	1.5 wage
P8	50	Black	Fundamental Education I	2 wages
P9	61	White	Fundamental Education I	2 wages
P10	38	Brown	Incomplete High School	2 wages
O1	38	Brown	Ensino Médio	0.5 wage
O2	28	Brown	Fundamental Education II	1 wage
O3	43	Brown	High School	0.5 wage
O4	38	Brown	Fundamental Education II	3 wages
O5	39	Brown	Fundamental Education I	2 wages
O6	30	White	High School	1 wage
O7	60	Brown	Fundamental Education I	2 wages
O8	26	Brown	Incomplete Undergraduate Education	2 wages
O9	62	Brown	High School	1.5 wage
O10	18	Black	High School	1 wage

Source: elaborated by the author, drawing from research data.

2 In Brazil, Basic Education comprises Children's Education (from 0 to 5 years old), Fundamental Education I (from 6 to 10 years old), Fundamental Education II (from 11 to 14), and High

According to the data above, 15 participants consider themselves Black (Black and Brown in the IBGE classification). Five say they are White. Regarding family income, ten participants (50%) stated that they lived on two minimum wages per month<sup>3</sup>, three (15%) on one and a half wages, four (20%) on one wage, and two (10%) live on only half a wage. Only one interviewee said her family earns three minimum wages per month. It is important to note that participants' families have an average of 3.65 residents per house, varying between two and five members, so one can infer their income was low in the context of inflation in which Brazil found itself (the accumulated index in the 12 months of 2020 was 5.02%). Among the participants, only six (30%) stated they were enrolled in the Federal Government's cash transfer programs.

The significant Black women majority (75%) living with low income in the research field portrays an extremely unequal society that has historically marginalized and excluded Black people. According to Theodoro (2022), extreme and persistent inequality produces asymmetries in the occupation of spaces, leading to other social disparities that always disfavor the discriminated group.

Participants' schooling levels vary from two women enrolled in undergraduate courses at a public federal university to one who never went to school (Participant 1). In between them, seven participants studied up to Fundamental Education I, four up to Fundamental Education II, five completed High School, and one did not finish High School. To understand the low education level of some participants, it is worth noting the difficulties rural area residents face attending school, such as long distances and precarious transportation, besides a heavy work routine. The only illiterate participant is Black, which matches the data from a national survey, the Pesquisa Nacional por Amostra de Domicílios Contínua (Pnad). According to Pnad (IBGE 2019), illiteracy among Blacks triples compared to Whites.

School (from 15 to 17). Higher Education comprises undergraduate and postgraduate studies.

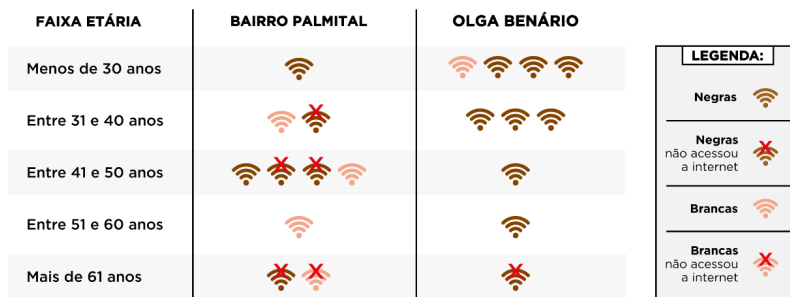
<sup>3</sup> The minimum wage in Brazil in 2020 was R\$ 1,039.00 or US\$ 202.50.

Since protocols to fight the new coronavirus required social distancing, we asked participants how they learned about the risks of COVID-19 in the first phase of the pandemic (2020), when there was still no vaccine for immunization. Table 2 organizes the data to visualize the participants who used (or did not) ICT to access COVID-19 Risk Communication articulated with the following inequality markers: race, territory, and age group. This analytical perspective meets the objectives of this research, seeking to understand the influence of these markers on the comprehension of rural women of COVID-19 risks.

As Table 2 shows, we sought to understand this influence on access to CR through ICT. Each Wi-Fi symbol below represents one of the participants classified by race.

Table 2 – Participants and Internet in the access to Covid-19 RC

**PARTICIPANTES QUE RECORRERAM À INTERNET EM BUSCA DE INFORMAÇÕES SOBRE A COVID-19**



Source: Elaborated by the author from research data, 2022.

Table 02 shows the highest incidence of ICT use for COVID-19 RC was in the Olga Benário settlement, except for the oldest participant. The territory appears as a prominent marker in this approach, and we can infer that one of the factors that led the women settlers to use ICT to inform themselves was a territory linked to a social movement that enabled different sociabilities and connections.

Moreover, the MST promoted digital COVID-19 RC campaigns, which, in the absence of public authorities, served as an informational pillar besides stimulating access to ICT. It is worth highlighting that popular movements in Brazil faced a challenge in developing creative communication actions in their territories to help guide and protect their populations during the pandemic (SUZINA, 2022).

Among the participants who consulted the Internet as their primary source, O10 (Black, 18 years old), a resident of Olga Benário, accessed Google to get information, and O2 (Brown, 28 years old), also a settler, used WhatsApp because the MST promoted extensive communication about COVID-19 through groups on this application. Participant O2 also clarified that the MST held live broadcasts and posted videos on YouTube (as shown in the figure below) about the new coronavirus and, to make things easier, transformed this content into lighter audio files to make them more shareable through WhatsApp groups.

In the older age group (over 61 years old), no participant used the internet to seek this communication, which highlights the “age” marker more than “territory.” Participant P9 (White, 61 years old) stated that “radio and television were more important” and, for O9 (Brown, 62 years old), “the internet was not important at all because I listened to everything on the radio.” The “age” marker also intersects with race because all White participants, except the oldest (over 61 years old), used the internet to access the COVID-19 RC.

Among Black participants living in the Palmital neighborhood, only the youngest, a university student, used ICT to learn about the COVID-19 RC. Four other Black residents aged between 30 and 50 preferred mass media or information from family members. At this point, race is seen as a relevant marker of inequality, as Black women who did not have the support of the MST to learn about how to combat the pandemic did not have the autonomy (or interest) to seek more in-depth information or advice that not available on mass media, which disseminates more generic information.

## Overall Considerations

During the social isolation imposed by the protocols to combat SARS-CoV-2, several practices needed changing, including communication practices. Access to information technologies was essential for consuming content about protection against the new coronavirus due to social isolation. Furthermore, care demanded more from those who exercised it since the unprecedented circumstance required getting used to new habits, such as wearing a mask, not hugging others, and not sneezing near others, among many other things.

Each of the women participants is at a point intersected by several markers of inequality. More than a result of the sums or products of the multiplications between these interactions, what we have with the overlapping of markers is a unique position occupied by each rural woman participant. Therefore, although all participants were women and lived in rural areas, some differences compromised their ability to protect themselves from risky situations during the pandemic. These markers of oppression still need some consideration. The race marker, historically associated with discrimination, affects situations of reduced access to health promotion, such as inadequate levels of basic sanitation and higher rates of chronic diseases, besides reduced access to ICT, which emerged as a fundamental tool for health communication. The age marker was relevant given that it limits access to technology and, thus, communication strategies.

Regarding the territory marker, structural inequalities plague the rural area as a whole. However, it presents nuances that impact its population differently. When comparing the territory of the Palmital neighborhood and the Olga Benário Settlement, the research notes that new perspectives can emerge in a territory transformed by social organization strategies, especially in the search for collective solutions. The MST's appropriation of WhatsApp to communicate the risk of the pandemic reveals possibilities for actions aimed at promoting citizenship in a rural environment that needs to be increasingly connected.



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