Information-Seeking Behaviour of Women Regarding Personal Health and Hygiene Practices

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ABSTRACT

Women constitute half of the population of India. Onus of family health lies with the women head of the family and they tend to be the primary health information seekers for family and for themselves. Therefore there is a need to study their information-seeking behaviour. Keeping this in view the present study was undertaken with the objectives to identify the information-seeking behaviour of women regarding personal health and hygiene practices, and to ascertain the relationship of information-seeking behaviour of women with their personal and socio-economic characteristics. The study was conducted in Ludhiana district of Punjab. A total of 200 women formed the sample for the study and data was collected with the help of an interview schedule.Information-seeking behaviour was studied in terms of information needs, use of information source and information source evaluation. Findings of the study revealed that majority of the respondents had low information needs for selected personal health and hygiene practices. Informal sources were the most frequently used sources of information whereas use of all information sources by most of the respondents was found to be low. Information sources were evaluated sometimes by the majority of the respondents while looking for information. Equal proportion of the respondents had active as well as passive information-seeking behaviour. Information-seeking behaviour of the respondents was positivelycorrelated with their education and mass media exposure while it was negatively correlated with theage of the respondents.

Keywords: *Information-seeking behaviour; Information needs; Personal health and hygiene practices;*

Today, health is deemed the basic need and right of all humans. Every society and culture has laid stress on the health of its citizens. Good health is a key resource for social, personal and economic development, and an important dimension of quality of life of a person. As responsibility of health of family members is in the hands of the women of the family, thus it is important to make women well informed about quality health and hygiene practices.Consequently there is a need to study the information-seeking behaviour (ISB) of women. The results obtained from the present study may provide insight to the extension personnel, researchers and subject specialists to formulate strategies regarding dissemination of needed information to the women, by facilitating them to select the appropriate sources of information with following Objectives:

i. To study the personal and socio-economic characteristics of the selected women.
ii. To identify the information-seeking behaviour of women regarding personal health and hygiene practices.
iii. To ascertain the relationship of information-seeking behaviour of women with selected personal and socio-economic characteristics.

METHODOLOGY

The study was conducted in Ludhiana district of Punjab state.For the selection of rural respondents, two blocks *Doraha* and *Sidhwan Bet* were selected purposively toensured that one selected block was near the while another was far from the city, so that the sample includes both type of respondents which may differ in their behaviour due to remoteness. Further two villages from each block were selected on a random basis.

Barmalipur and *Kaddon* village were selected from *Doraha* block, whereas, *TalwandiKhurd* and *Swaddikallan* were selected from *Sidhwan Bet*. To represent the urban population two zones (zone A and zone D) from Ludhiana district were selected randomly. Further two localities from each zone were also selected randomly i.e. from zone A *Salem Tabri* and *Guru Nanak Dev Nagar,* and *Model Town* and *Passi Nagar* from zone D. Twenty five married women, in the age group of 25-50 years, from each selected village as well as from each locality were selected on random basis. Thus, the sample composed of 200 women for the present study. The data was collected with the help of a self-structured interview schedule.

RESULTS AND DISSCUSSION

Personal and socio-economic characteristics of respondents: Data presented in Table 1 highlighted that nearly half of the respondents (51%) had medium level of education. A large majority of respondents (91.5%) were housewives, belonging to general caste category (67.5%). The data revealed that most of the respondents (55.5%) belonged to the nuclear families. Majority of respondents (44%) had small family size i.e. 1 to 4 members in their families and had low (Rs.50,000-Rs.6,33,333) family annual income (86%), medium (Rs.6,33,334-Rs.12,16,666) 9.5 per cent and high (Rs.12,16,667-Rs. 18,00,000) family annual income were 4.5 per cent only. Data showed that nearly half of the respondents had medium level of family education (51.5%) as well as mass media exposure (50%).

Information needs regarding personal health and hygiene practices: The data presented in Table 2 revealed that hair care was considered most important with 1.89 mean weighted score (MWS), followed by skin care (MWS 1.86) and body care (MWS 1.74). Fourth ranked information need was on care during various diseases with MWS 1.43 followed by information on care during menstruation period (MWS 1.39). The least needed information was on care during pregnancy and lactation period and management of menopausal period (MWS 1.31 each).

It was interesting to find that women did not need

Table 1. Distribution of the respondents according to their socio-economic characteristic (N=200)

Characteristics	Category /range	No.	%
Education	Low (< 3)	32	16.0
	Medium (3-5)	102	51.0
	High (>5)	66	33.0
Occupation	Housewife	183	91.5
	Service	12	6.0
	Self-employed	5	2.5
Caste	General	135	67.5
	BC	10	5.0
	SC/ST	55	27.5
Family type	Nuclear	111	55.5
	Joint	89	44.5
Family size	Small (1-4)	88	44.0
	Medium (5-8)	87	43.5
	Large (more than 8)	25	12.5
Family income	Low	172	86.0
(Rs./annum)	Medium	19	9.5
	High	9	4.5
Family education	Low (0.6-2.7)	43	21.5
	Medium (2.8-4.9)	103	51.5
	High (5.0-7.0)	54	27.0
Mass media	Low (0-0.61)	77	38.5
exposure	Medium (0.62-1.23)	100	50.0
	High (1.24-1.85)	23	11.5

Table 2. Distribution of the respondents according to information needs for personal health and hygiene practices (N=200)

Personal health and hygiene practices	Information needs						MWS (Range: 1-3)	Rank
	Highly		Somewhat		Not needed			
	No.	%	No.	%	No.	%		
Skin care	71	35.5	29	14.5	100	50.0	1.86	2
Hair care	74	37.0	30	15.0	96	48.0	1.89	1
Body care	60	30.0	28	14.0	111	55.5	1.74	3
Care during pregnancy and lactating period	25	12.5	13	6.5	161	80.5	1.31	6.5
Care during menstruation period	33	16.5	11	5.5	156	78.0	1.39	5
Management of menopausal period	25	12.5	11	5.5	164	82.0	1.31	6.5
Care during various diseases	34	17.0	19	9.5	147	73.5	1.43	4

*MWS= Mean weighted score

information for issues like menstruation and pregnancy because they might be hesitant to talk on these topics. During data collection it was found that many respondents were not aware of term menopause, while young women associate menopause with being old, so they did not require information about it.

Level of information need regarding personal health and hygiene practices : Respondents were classified into three categories as respondents with low, medium and high information need, according to their information need score regarding selected health and hygiene practices.

Data given in Table 3 indicated that majority (73%) of the respondents had low level of information need for personal health and hygiene practices. Percentages of respondents having medium and high level of information need were 14 per cent and 13 per cent respectively.

Table 3. Distribution of the respondents across level of information need for personal health and hygiene practices (N=200)

Information need (MWS range: 1-3)	No.	%
Low (1.00-1.66)	146	73.0
Medium (1.67-2.33)	28	14.0
High (2.34-3.00)	26	13.0

Use of information sources by the respondents to seek information on personal health and hygiene practices: Information sources for the present study were classified as informal sources (family, friends, neighbour and relatives), formal sources (doctors, dietitian, nurse/ANM, ASHA/A.W., chemist and beauty expert) and mass media (radio, T.V., internet, newspaper, magazine and books). Data presented in Table 4 indicates that the most frequently used information sources by the respondents were informal sources for seeking information on personal health and hygiene practices followed by formal and mass media sources except while seeking information regarding management of menopausal period, as for this second most commonly used information source was mass media followed by formal sources. It was observed that the formal sources of information were used by the respondents only when they face critical health problems. The findings of *Ngcobo (1994)* and *Rutakumwa (2000)* supported the present findings.

Level of use of information sources to seek information on personal health and hygiene practices: It is clearly indicated from Table 5 that a large majority of the respondents (89.5%) had low level of use of information sources followed by 8.5 per cent respondents who had high level of use of information sources and only two per cent of them were having medium level of information source usage while searching information for personal health and hygiene practices.

Table 5. Level of use of information sources to seek information on personal health and hygiene practices

Use of info. sources (MWS range: 1-2)	No.	%
Low (1-1.3)	179	89.5
Sometimes (1.4-1.7)	4	2.0
Always (1.8-2)	17	8.5

Extent of evaluation of information sources by the respondents for personal health and hygiene practices: The extent of evaluation of information sources was studied on a three point continuum as always, sometimes and never and the parameters used for evaluation were cost, accessibility, past experience and credibility. The data presented in Table 6 revealed that nearly half of the respondents (51%) sometimes evaluated the sources of information whereas 47.5 per cent of the respondents always evaluated the information sources and only 1.5 per cent of the respondents never evaluated the information sources while seeking information on personal health and hygiene practices.

ISB of respondents regarding personal health and hygiene practices : The data presented in Table 7

Table 4. Distribution of respondents according to the use of information sources (N=200)

Information sources	Personal health and hygiene practices													
	Skin care		Hair care		Body care		1		2		3		4	
	%*	R	%*	R	%*	R	%*	R	%*	R	%*	R	%*	R
Informal	36.9	1	35.1	1	34.8	1	32.3	1	33.0	1	27.8	1	30.9	1
Formal	18.1	2	15.9	2	16.5	2	16.4	2	14.8	2	4.2	3	17.2	2
Mass media	14.4	3	14.1	3	12.8	3	11.3	3	11.4	2	9.9	2	11.2	3

%*-Multiple responses in Mean percentage; R=Rank

1-Care during pregnancy and lactating period; 2-Care during menstruation period;

3-Management of menopausal period; 4-Care duringvarious diseases

Table 6. Respondents according to extent of evaluation of the information sources (N=200)

Info. source evaluation (MWS range: 1-3)	No.	%
Never (1.00-1.66)	3	1.5
Sometimes (1.67-2.33)	102	51.0
Always (2.34-3.00)	95	47.5

Table 7. Distribution of the respondents according ersonal health and hygiene practices (N=200)

Information-seeking behaviour	No.	%
Passive (1.1-1.5)	91	45.5
Active(1.6- 2.0)	91	45.5
Highly active(2.1 – 2.4)	18	9.0

indicated that 45.5 per cent respondents each were passive information-seekers as well as active information-seekers. Whereas only 9 per cent respondents had highly active ISBfor personal health and hygiene practices.

Relationship of ISB with personal and socio-economic characteristics of the respondents : Correlation between ISB, and personal and socio-economic characteristics of the respondents was computed. Data presented in Table 8 shows that age was negatively correlated with the respondents' ISB. Similar results were found in the study of *Ramrao (2007)*. Hence it can be concluded that young women have highly active ISB while looking for information on personal health and hygiene practices. Education and mass media exposure of the respondents were found to be positively and significantly associated with the ISB of women. These findings in line with *Sangwan (1982)* and *Ghosh (2004)*.

Table 8. Correlation between information sources and personal and SE characteristics of respondents

Personal and SE characteristics	r-value
Age	-0.2732^{**}
Education	0.1952^{**}
Occupation	-0.0636^{NS}
Caste	-0.0813^{NS}
Family type	0.0603^{NS}
Family size	0.1111^{NS}
Family income	0.0556^{NS}
Family education	0.0026^{NS}
Mass media exposure	0.3321^{**}

**Significant at 0.05 level; NS- Non-significant,

CONCLUSION

The study concluded thatmajority of the respondents had low information needs for personal health and hygiene practices. This can be due to the reason that women deliberately seek health related information only in the case of illness and otherwise they were satisfied with the present level of health information they have.Informal sources were the most frequently used sources of information and majority of the respondentssometimes evaluated information sources. Thus women should be encouraged to use more reliable information sources. Equal proportion of the respondents had active as well as passive ISBregarding personal health and hygiene practices. ISBof the respondents was positively correlated with their education and mass media exposure while age of the respondents was negatively correlated with their ISB.Thus, health education should be promoted among girls and the policy makers should ensure early health and hygiene education in schools. On the basis of results it may be concluded that the extension personnel should work to create awareness among women on the importance of these issues and provide them with needed information by using appropriate media.

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