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## Accessing and evaluating information sources for health and hygiene practices

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### Abstract

Information is an element of knowledge that is publicly available, which can be shared and pass through the world. For any meaningful information to be provided, certain relevant information sources must be consulted keeping in mind the problems associated with use of different information sources. Thus the present study was undertaken with the objectives to assess information sources used by women, evaluation of various information sources, and find out the problems associated with use of information sources. The study was conducted in Ludhiana district of Punjab. Two blocks and two zones were selected purposively from Ludhiana district. Further two villages from each block and two localities from each zone were selected randomly. Twenty-five women from each selected village as well as from each locality in the age of 25-50 years were selected on random basis. Thus, total 200 women formed the sample for the study and data was collected with the help of an interview schedule. Health and hygiene practices were studied as personal, household and food related health and hygiene practices. Information sources were taken as informal, formal and mass media (print and electronic) sources. The results of the study showed that the informal sources (i.e. family, friends, neighbour and relatives) were the most preferred sources for seeking information on all health and hygiene practices. Information sources were never evaluated by the majority of the respondents for household and food related health and hygiene practices while these were sometimes evaluated in case of personal and overall health and hygiene practices. Major problems faced by the respondents related to informal, formal, print and electronic sources were unreliability, expensiveness, non-availability and lack of knowledge in using source respectively. There is need to motivate women to carefully select and evaluate information sources before seeking information, so that authenticated and appropriate information could be sought.

**Keywords:** Information sources, accessibility, evaluation, health and hygiene practices

### Introduction

Availability of various sources had made finding health and hygiene related information easier and faster. Much of the information provided by these sources is valuable. However, some of these sources may also dole out false and misleading information. Given the wealth of information available through internet, newspapers, journals, magazine, television etc., it is important to be able to access its quality. Thus, it becomes crucial that one should carefully consider and evaluate the sources of information to ensure the authenticity of the information provided by them. Keeping this in view the present study was conducted with the objective to assess information sources used by women, evaluation of various information sources, and to find out the problems associated with use of information sources.

### Material and methods

The study was conducted in Ludhiana district of Punjab state. Sample of the study was comprised of both the rural and urban population of Ludhiana district. Two blocks *Doraha* and *Sidhwan Bet* signified the rural population. Further two villages from each block (*Barmalipur* and *Kaddon* village from *Doraha*, and *Talwandi Khurd* and *Swaddi kallan* from *Sidhwan Be*) were selected randomly. Two zones (zone A and zone D) from Ludhiana district were selected randomly for the selection of urban respondents. Further two localities from each zone were also selected randomly i.e. *Salem Tabri* and *Guru Nanak Dev Nagar* from zone A, and *Model Town* and *Passi Nagar* from zone D. From each selected village as well as locality, twenty five married women in the age group of 25-50 were interviewed 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 and was analyzed using the statistical tools like frequency, percentages and weighted mean score. Health and hygiene practices were studied under three heads i.e., personal health and hygiene practices, household health and hygiene practices, and food related health and hygiene practices. For the purpose of the study, information sources were classified as informal sources (such as family, friends, neighbours, relatives), formal

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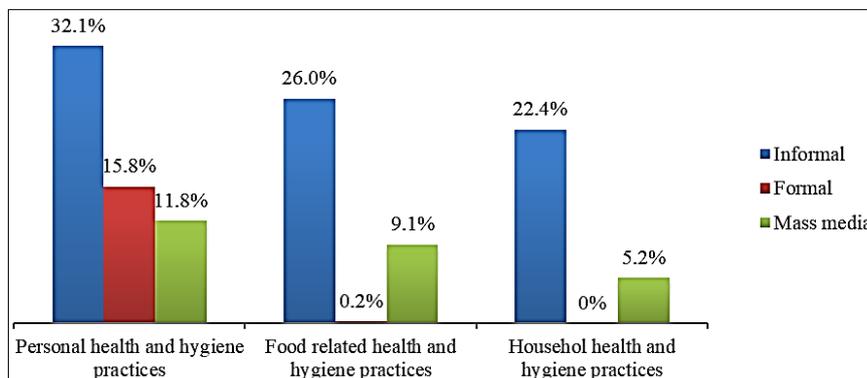
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sources (such as doctor, dietician, nurses, ANM, ASHA, chemist, anganwadi worker) and mass media (print and electronic).

**Results and discussion**

**Accessing information sources to seek information on health and hygiene practices**

Information seeking is a complex information and communication activity requiring access to various sources of information as a consequence of need to satisfy some goals. For this purpose, the respondents were asked about the use of information sources for getting information. Information sources for the present study were classified as informal, formal and mass media sources.



**Fig 1:** Accessing information sources to seek information on selected health and hygiene practices

Data exhibited in the figure 1 revealed that informal sources of information were most frequently used for getting information on personal, food related and household health and hygiene practices by 32.1 per cent, 26 per cent and 22.4 per cent respondents, respectively. Informal sources of information such as family, friends, neighbours and relatives are available free of cost and are easily contacted by the women. Women feel free to share their health and hygiene related problems with family, friends etc. The exchange of ideas related to new recipes and household cleaning practices is more within friends, neighbours etc. This could be the reason behind the most frequent use of informal sources for seeking information on health and hygiene practices. The findings of Rutakumwa (2000), Redmond *et al.* (2010) [1] and Haque *et al.* (2017) [7] supported the present findings. These findings were different from the results of the studies conducted by Miller *et al.* (2004) [2] and Bakar (2011) [11], where they found mass media as the most frequently used source of information for health-related information. Next widely used information sources for information on personal health and hygiene practices were formal sources (15.8%) followed by mass media (11.8%). Since personal health and hygiene practices also included various diseases and health issues like dengue, typhoid, hypertension, food poisoning, pregnancy etc., and in case of the acute health problems respondents go to formal sources of information for health advice. Results were in line with the study conducted

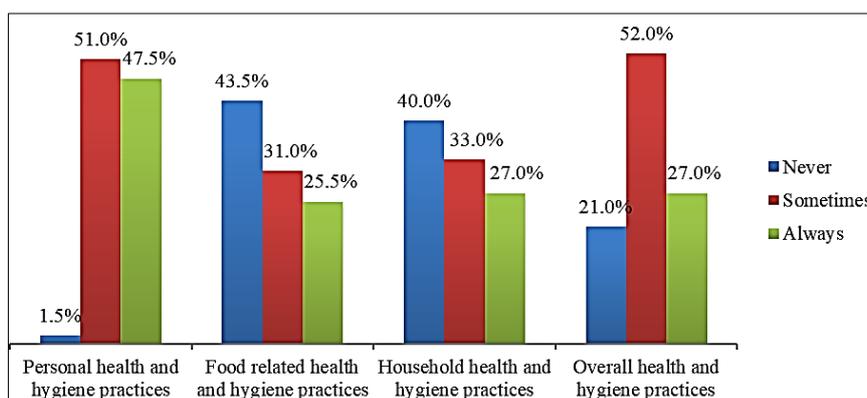
by Ngcobo (1994) [9], Rutakumwa (2000) and Nasrabadi *et al.* (2015) [11].

Mass media was the second most used source of information in case of food related health and hygiene practices (9.1%) and household health and hygiene practices (5.2%). It was observed that women use internet for searching information related to health and hygiene such as YouTube videos related to cooking and cleaning. They also watch food shows on television and read health related columns in newspapers and magazines. Majority of respondents had access to mass media as their source of information since it is affordable and easily available. These findings were supported by the studies conducted by Sangwan (1982) [5] and Ghosh (2004) [8].

Formal sources were least used by the respondents while seeking information on food related health and hygiene practices (0.2%). They were not at all used for seeking information on household health and hygiene practices.

**Extent of evaluation of information sources by the respondents**

It was expressed as the extent of evaluation criteria used by the respondents to evaluate the information sources which they used to seek information on selected health and hygiene practices. For the evaluation of information sources, four evaluation parameters were used i.e. cost, accessibility, past experience and credibility. Their extent of use was studied on a three-point continuum as always, sometimes and never.



**Fig 2:** Extent of evaluation of the information source while seeking information on selected health and hygiene practices

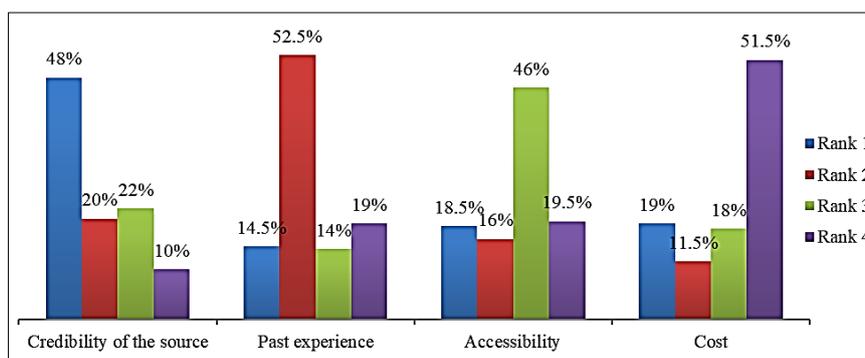
The data showed in figure 2 revealed that majority of the respondents never evaluated the information sources while looking for information on food related health and hygiene practices (43.5%) and household health and hygiene practices (40%). Just over half of respondents sometimes evaluated the information sources while seeking information on personal health and hygiene practices (51%) and overall health and hygiene practices (52%).

**Preference of evaluation criteria used by the respondents**

Respondents' preference regarding evaluation criteria was studied by asking them to rank all evaluation criteria i.e., cost,

accessibility, past experience and credibility, from one to four as per their use of evaluation criteria to select information sources while seeking information on health and hygiene practices.

Figure 3 depicts that nearly half of the respondents (48%) gave rank one to credibility of the source as an evaluation criterion. Thus credibility of the source was the mainly used parameter to evaluate the information sources followed by past experience, accessibility and cost of the information source, respectively. Same results were presented by Cao *et al.* (2016)<sup>[4]</sup> and Gray *et al.* (2005).



**Fig 3:** Preference of evaluation criteria used to evaluate the information source while seeking information on selected health and hygiene practices

**Problems faced by the respondents during information seeking**

Women face many problems while looking for information on health and hygiene practices. The problems related to information sources (informal, formal and mass media) are discussed as under:

**Problems related to informal sources**

The data pertaining to problems faced by the respondents while seeking information on selected health and hygiene practices is given in table 1. It is clearly evident from the data that, in case of informal information sources, the most cited problem by the respondents (27%) was unreliability of the source. Hence it was ranked first as a problem for informal information sources. Although informal sources of information were stated unreliable but they had been most frequently used by the respondents for information on health and hygiene practices.

Lack of knowledge in using the source, expensiveness and difficult language were the problems which were not associated with informal information sources as none of the respondents faced them in relation to informal information sources.

**Problems related to formal sources**

A large proportion of the respondents (39.5%) cited expensiveness of formal sources as a major problem followed by time consuming (33%), difficulty in accessing (10.5%), unreliability (6%), non-availability of the source (5%), unavailability of required information (2%), difficult language (1.5%) and lack of latest information (1%) as problems. High fee charges by doctors and time wasted in visits discouraged the use of formal sources for health. These findings were also supported by Garces *et al.* (2006)<sup>[12]</sup> and Kumar (2013)<sup>[3]</sup>.

**Problems related to mass media**

Mass media related problems were further categorized as: problems related to electronic media and print media.

**Electronic media**

As far as problems related to electronic media are concerned, 28.5 per cent respondents faced lack of knowledge in using the source as the main problem. For instance many respondents did not know about how to use internet for getting information. This was followed by the problem of non-availability of the source (21.5%) and difficult language (21.5%), time consuming (20.5%), difficulty in accessing (13.5%), expensive (12%), unreliability (6.5%), unavailability of required information (3.5%) and lack of latest information (1.5%).

**Table 1:** Distribution of the respondents according to problems faced for seeking information on selected health and hygiene practices

(n=200)

Problems related to information sources	Information sources							
	Informal		Formal		Mass media			
	%	Rank	%	Rank	Electronic		Print	
				%	Rank	%	Rank	
Non availability of the source	0.5	6	5.0	5	21.5	2	17.0	1
Difficulty in accessing	1.0	5	10.5	3	13.5	5	6.0	5
Time consuming	8.5	4	33.0	2	20.5	4	6.5	4
Lack of knowledge in using the source	-	-	-	-	28.5	1	10.5	2

Expensive	-	-	39.5	1	12.0	6	3.0	6
Difficult language	-	-	1.5	7	21.0	3	10.0	3
Unavailability of required information	14.5	2	2.0	6	3.5	8	2.5	7
Unreliable	27.0	1	6.0	4	6.5	7	2.0	8
Lack of latest information	13.0	3	1.0	8	1.5	9	0.5	9

\*Multiple responses

### Print media

The first ranked problem related to print media was non availability of the source (17%) and the least ranked problem was lack of latest information from print sources (0.5%). Same results were found in the studies conducted by Kumar (2013) <sup>[3]</sup>, Iqbal *et al.* (2013) <sup>[14]</sup> and Patrick and Ferdinand (2016) <sup>[10]</sup>.

### Conclusion

It can be concluded that informal sources were most frequently used for information selected health and hygiene practices. As there is risk to get inaccurate information from these sources thus women should be encouraged to seek information from formal and more reliable sources. As far as evaluation of the information source is concerned, majority of the respondents sometimes evaluated the information sources for seeking information on overall health and hygiene practices. Thus, there is need to motivate women to always evaluate information sources before seeking information from any source, so that authenticated and appropriate information could be sought. Major problems faced by the respondents related to informal, formal, electronic and print sources were unreliability, involvement of huge expenses, lack of knowledge in using the source and non-availability of source. It is suggested that government should ensure sufficient health care services of good quality like hospital, skilled doctors and allied health functionaries at grass root level. The informal sources of information should also be armed with the correct and appropriate information on health and hygiene so that they can share this knowledge further.

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