

Research Paper



HEALTH INFORMATION SEEKING BEHAVIOR AMONG VILLAGERS: A STUDY OF UTTAR PRADESH

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ABSTRACT

Information is a core constituent of knowledge to boost the productivity, efficiency and performance. However, information seeking behavior, Media buying attitude and media preferences depends mainly upon availability, accessibility, and media exposure. The present study is focused on health development information amongst People of rural areas of Sitapur, Gonda and Barabanki districts on randomly selected 600 people of rural areas. The main conclusion was needed to seek and use of the health information in various ways, directly or indirectly. Indirectly, when an individual is submissively receiving information from the media or from a person while, directly is when a person purposely aims to seek out for health information through various ways, such as, inquiring to a person, health care institution, doctors, ANM/ ASHAs, or to other health information sources, including obtaining information from the media.

KEY WORDS: Seeking Behaviour, Information Needs, Source, channelization

INTRODUCTION

Health information seeking behavior is constantly evolving along with societal and individual health-related changes. Growth in longevity, better management of chronic diseases and advanced medical technology, has helped in checking the rising incidences of health conditions.

The desire for more information on health & its supply channels gives advantages to individuals in the current climate of personal healthcare management, particularly in terms of chronic diseases. Health information seeking behavior can contribute to an individual's ability to cope with and to accept the emotional, physical and psychological changes associated with health. This information not only provides a means for ensuring the maintenance of ongoing health issues but, it can be actively promoted and pursued for better provision of health information (Lambert and Loiselle, 2007).

Preventive measures reduces the onset of ill-health, including chronic illnesses, and they enable the individual to take charge of their health and to be accountable for keeping their health status strong. It has been argued that many chronic ailments are preventable through behavioural change, suggesting that the costs associated with these can be reduced through their effective management, a situation that Health information seeking behavior can promote (Lambert and Loiselle, 2007; Johnson and Case, 2012).

Uttar Pradesh, India's most populous state continues to face the challenge of reducing its maternal and infant mortality rates. Health services are provided to its

rural areas through a public health system that employs large number of health care workers at the village, block, district and state levels.

It is important to assess 'health information needs' and to understand the process of information flow within the health system in Uttar Pradesh. The barrier to access and share information within the health system needs to be identified. Mapping detailed information needs 'design of need-based knowledge management systems' that can substantially improve health systems, along with sexual, reproductive, maternal, and child health indicators.

OBJECTIVES OF THE STUDY

The present study has been conducted with keeping the following main objectives:

1. To assess the health information and awareness among the people in rural areas?
2. To analyze the needs and priorities of the peoples and gap between them?

METHODOLOGY

Present study is empirical in nature and based on mainly on primary data collected through field survey. The study is confined to the people of deprived rural areas of the Sitapur, Unnao and Hardoi Districts. In all 200 respondents will be selected from each District. Thus, the sample of the study will be 600. The data were checked, edited and processed with the help of SPSS package for drawing out results, inferences and conclusions



RESULTS

This article deals with burden of diseases, treatment, and health practices, and need of health related information etc. A large proportion of respondents reported that they are bearing the burden of fever (40.0 per cent), cough and cold (29.4 per cent), malaria (8.0 per cent), jaundice (6.4 per cent) and diarrhea (7.0 per cent). The proportion of respondents

reporting high prevalence of fever, cough & cold and diarrhea was reported high in Sitapur district. Similarly, the proportion of respondents having burden of jaundice and malaria was reported high in Gonda and Barabanki. The proportion of respondents bearing the burden of Cough & Cold was reported in Gonda and Barabanki (30.5 per cent and 31. per cent) (Table 1).

Table: 1. Major Diseases Prevalent In Villagers

Districts	Fever	Cough & Cold	Malaria	jaundice (Peltia)	Haiza	Diarrhea	TB	Leprosy	Cancer	HIV/AIDS	Dysentery	Paralysis	Hathi Panv (Phyleria)	Hepatitis	Total (N)
Sitapur	83 (41.5)	53 (26.5)	14 (7.0)	9 (1.8)	0 (0.0)	16 (8.0)	4 (2.0)	0 (0.0)	0 (0.0)	1 (0.5)	7 (3.5)	3 (1.5)	8 (4.0)	2 (1.0)	200 (100.0)
Gonda	78 (39.0)	61 (30.5)	15 (7.5)	12 (6.0)	0 (0.0)	14 (7.0)	2 (1.0)	0 (0.0)	1 (0.5)	3 (1.5)	12 (6.0)	0 (0.0)	0 (0.0)	2 (1.0)	200 (100.0)
Barabanki	79 (39.5)	62 (31.0)	19 (9.5)	17 (8.5)	0 (0.0)	12 (6.0)	1 (0.5)	1 (0.5)	0 (0.0)	0 (0.0)	9 (1.8)	0 (0.0)	0 (0.0)	0 (0.0)	200 (100.0)
Total	240 (40.0)	176 (29.4)	48 (8.0)	38 (6.4)	0 (0.0)	42 (7.0)	7 (1.1)	1 (0.2)	1 (0.2)	4 (0.7)	28 (4.7)	3 (0.5)	8 (1.3)	4 (0.0)	600 (100.0)

About 66 per cent respondents reported that they are depending on home treatment. Home treatment is basically AYUSH including Ayurveda, Naturopathy. The proportion of respondents depending on home treatment was found significantly high in Gonda and Barabanki. Again, about 21

per cent respondents further revealed that they are taking services of local registered and unregistered health practitioners. Only 13 per cent respondents admitted that they are taking allopathic treatment from doctors. It was found more pronouncing in Sitapur (Table 2).

Table: 2. Mode of Treatment

Districts	Home Treatment	Dora Dhaga	Jholachhap Doctor	Homeopathic	Allopathic Medicine	Don't Do Any Thing	Total (N)
Sitapur	126 (63.0)	7 (3.5)	13 (6.5)	23 (11.5)	27 (13.5)	4 (2.0)	200 (100.0)
Gonda	134 (67.0)	10 (5.0)	18 (9.0)	16 (8.0)	25 (12.5)	2 (1.0)	200 (100.0)
Barabanki	135 (67.5)	4 (2.0)	20 (10.0)	14 (7.0)	25 (12.5)	2 (1.0)	200 (100.0)
Total	395 (65.8)	21 (3.5)	51 (8.0)	53 (8.8)	77 (12.8)	8 (1.3)	600 (100.0)

Source: Field Survey, 2015

The awareness regarding health related information is shown in Table 3. Most of the respondents were found aware about the methods of family planning and Vaccination while it was found low in case of Women & Child Health and

Reproductive & Sexual Health. There is marked variations in the awareness of family planning methods across the districts. The awareness level was reported high for Malnutrition, HIV/ AIDS and Sanitation.

Table: 3. Awareness of Health related Information (Multiple Questions)

Districts	Family Planning Methods	Vaccination	Malnutrition	Women & Child Health	Reproductive & Sexual Health	Sanitation	HIV/AIDS	Hepatitis	Total (N)
Sitapur	171 (85.5)	148 (74.0)	78 (39.0)	24 (12.0)	8 (4.0)	57 (28.5)	34 (17.0)	0 (0.0)	200 (100.0)
Gonda	163 (81.5)	159 (79.5)	67 (33.5)	33 (16.5)	19 (9.5)	67 (33.5)	48 (24.0)	0 (0.0)	200 (100.0)
Barabanki	176 (88.0)	152 (76.0)	79 (39.5)	29 (14.5)	17 (8.5)	63 (31.5)	61 (30.5)	0 (0.0)	200 (100.0)
Total	510 (85.0)	459 (76.5)	224 (37.4)	86 (14.4)	44 (7.4)	187 (31.2)	143 (23.8)	0 (0.0)	600 (100.0)

Source: Field Survey 2015.

Need of health information is shown in Table 4. About 88 per cent respondents felt the need of health information. This was found more pronouncing in Gonda and Barabanki.

Table: 4. Health Related Information Seeking Behavior

Districts	Yes	No	Total (N)
Sitapur	166 (83.0)	34 (17.0)	200 (100.0)
Gonda	176 (88.0)	24 (12.0)	200 (100.0)
Barabanki	184 (92.0)	16 (8.0)	200 (100.0)
Total	526 (87.7)	74 (12.3)	600 (100.0)

Source: Field Survey 2015.

Those respondents who felt the need of health related information further reported that they need information for cold cough and fever, disease related information like Cancer and TB, Phyleria, Dhaat,

Reproductive and Sexual Health, weakness, Hepatitis and HIV AIDS. However, the needs of information vary across the districts (Table 5).

Table: 5. Health Related Information Needs (Multiple Questions)

Districts	Cold-Cough And Fever	cancer	T.B.	Reproductive and Sexual Health	Hepatitis	HIV/AIDS	Hathi Panv (Phyleria)	Dhaat	Total (N)
Sitapur	154 (77.0)	147 (73.5)	115 (57.5)	67 (33.5)	73 (36.5)	97 (48.5)	134 (67.0)	123 (61.5)	200 (100.0)
Gonda	141 (70.5)	163 (81.5)	179 (89.5)	88 (44.0)	64 (32.0)	83 (41.5)	108 (54.0)	112 (56.0)	200 (100.0)
Barabanki	167 (83.5)	158 (79.0)	155 (77.5)	74 (37.0)	61 (30.5)	87 (43.5)	96 (48.0)	104 (52.0)	200 (100.0)
Total	462 (77.0)	468 (78.0)	449 (74.9)	229 (38.2)	198 (33.0)	267 (44.5)	338 (56.4)	339 (56.5)	600 (100.0)

Source: Field Survey 2015.

Sources of information are shown in Table 6. Majority of the respondents reported that they are receiving information from concerned department, newspapers, radio, interpersonal communication and television. Again 96 per cent respondents revealed that they are receiving information through Health Department and ANM/ASHA. About 22 and

23 per cent respondents further reported that they are channelizing the information through newspapers and radio. About 7 per cent respondents also revealed that they are receiving information through television. Only 0.5 per cent respondents said that they channelize information through internet.

Table: 6. Source and Channel of Information (Multiple Questions)

Districts	Health Department ANM/ASHA	News paper	Radio	Mobile	TV	Internet/computer	Total (N)
Sitapur	192 (96.0)	48 (24.0)	38 (19.0)	0 (0.0)	20 (10.0)	2 (1.0)	200 (100.0)
Gonda	191 (95.5)	41 (20.5)	54 (27.0)	0 (0.0)	13 (6.5)	1 (0.5)	200 (100.0)
Barabanki	198 (99.0)	44 (22.0)	47 (23.5)	0 (0.0)	11 (5.5)	0 (0.0)	200 (100.0)
Total	581 (96.9)	133 (22.2)	139 (23.2)	0 (0.0)	34 (7.4)	3 (0.5)	600 (100.0)

Source: Field Survey, 2015

Majority of the respondents reported that they want to receive information through News paper. About 83 per cent respondents revealed that they are reading newspapers regularly while 70 per cent respondent reported that they want to receive information through health department. Only 65 per cent respondents listening radio

reported that they are listening radio regularly and they need of seeking health behavior through radio. About 57.1 and 57.5 per cent respondents revealed that they would like to receive information by mobile and T.V. The use of computers was found as low as 39.4 per cent among the development functionaries.

Table: 7 Need of Health related Information Channels (Multiple Questions)

Districts	News paper	Health Department ANM/ASHA	Radio	Mobile	TV	Internet/ computer	Total (N)
Sitapur	171 (85.5)	137 (68.5)	132 (66.0)	114 (57.0)	115 (57.5)	68 (34.0)	200 (100.0)
Gonda	163 (81.5)	143 (71.5)	128 (64.0)	113 (56.5)	117 (58.5)	77 (38.5)	200 (100.0)
Barabanki	164 (82.0)	141 (70.5)	130 (65.0)	116 (58.0)	113 (56.5)	91 (45.5)	200 (100.0)
Total	498 (83.0)	421 (70.1)	390 (65.0)	343 (57.1)	345 (57.5)	236 (39.4)	600 (100.0)

Source: Field Survey, 2015

DISCUSSION

The above analysis simply demonstrates that need of seeking information related to health programmes like women and child health, vacancies, nutrition and Viral infected diseases, Cold-Cough, fever and chronic diseases like cancer, T.B., Hepatitis, HIV/AIDS (reproductive and Sexual Health), Hathi Pavn (Phyleria). The people are found interested in seeking information pertaining to criteria, procedure and benefits of various health related information. Most of the people are dependent on home treatment and registered/unregistered health practitioners for treatment of minor ailments.

The respondents were asked some questions pertaining to health issues. Most of the respondents were found aware about the health issues however, a large segment of the respondents were found unaware about the health issues due to reporting of false facts. The awareness level was found low in case of nutrition, vaccination, breastfeeding, reproductive and sexual health, some viral infection diseases & personal hygiene.

The respondents have availability, accessibility and exposure to media which is very much useful to the people for information. They were reading newspapers, listening Radio and watch television for seeking information for social development programmes as well Health related programmes.

In the health sector, for instance every person, need, seek, and use health information in various ways, directly or indirectly. Indirectly, when an individual is submissively receiving information from the media or from a person while, directly is when a person purposely aims to seek out for health information through various ways, such as, inquiring to a person, health care institution, doctors, ANM/ ASHAs, or to other health information sources, including obtaining information from the media.

In reality, despite the availability of various medical facilities in the community, the living conditions of the people regarding their orientation, action, and behavior towards health are still unsatisfactory. Many of the community members still do not act or behave according to the norms of healthy life for themselves as well as for social health.

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