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Health information seeking behaviour of rural women in Perambalur District of Tamil Nadu, India

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Abstract--This paper aims to provide some findings of health information behavior of rural women in Perambalur District. The study revealed the health status, Health awareness, and Health Satisfaction and Health Information Seeking behavior of rural women in Perambalur District. In this study, survey method has been used. Health Information Status questionnaire has been developed to assess the Health Information Status among Rural women from Perambalur District has been considered as a population of the study. The strata random sampling technique is used for this research study. This technique will be very useful in the case of a large population. In the present project, 498 rural women from 121 village panchayat comprise of four panchayat unions have been taken. Rural women in Perambalur district are having poor health information seeking behaviour in sanitation facilities and having less knowledge in understanding of health schemes and usage of health schemes. Most of the rural women in Perambalur District having fatal death, Gastrointestinal, lung diseases, and Urinary Tract Infections as in their family medical history. The rest of them are having other than these diseases. It could be inferred that they are not having much awareness about these diseases. This study made to think that a need to enhance the Health Information Skill among Rural Women. It emphasized the need of creation of Comprehensive Health Information System. It should be designed to addresses not only the allopathy medicine but also other medical practices like Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy. The value of the project is identifying the existing health facility and schemes and creating the information system to make the people and the city as health information literate people and society.

Keywords---Health Information, Health Status, Medication, Health Awareness, Health Information Skill, Health Information Seeking Behaviour.

Introduction

Government of India provides well established health welfare programs and schemes. Our nation and State Health Department plays a vital role in implementation of these programs. However, it has not achieved the desired goal due to a lack of awareness. The analysis of the preliminary study shows that the real problem in health care is not the scarcity of resources or inadequate clinical care programs but the lack of awareness and orientation in gathering health-related information. Hence, the real need for the day is not spending on programs with a target fulfillment syndrome, but the programs would help to realize the desired progress.

Hence, we need a Health Information System that can educate and assess the information needs and use behavior of rural women and provide information to make them active participation in health-related programs and thus approach health-related issues more scientifically. It is essential to study the Health Information Seeking Behaviour of the people to design and develop the effective health information system. Realizing this need, the researcher has done this project to assess the health information seeking behaviour of rural women in Perambalur District as a model project.

Methodology

For the present study Survey method is used. The strata random sampling technique was used for this research study. This technique will be very effective in case of large population. In this project, rural women from four blocks of Perambalur have been taken. With reference to this sampling technique, for this project, it is decided to select a sample of 498 rural women from 121 village panchayat comprising of four panchayat unions i.e., blocks.

Tool Construction

Questionnaire was used to find the Health Information Seeking Behaviour among rural women in Perambalur district in Tamil Nadu. Health Information Seeking Behaviour Questionnaire is constructed to measure the Overall health status, Medication, Sanitation, Health Schemes, Health facility, Awareness and Satisfaction of Health Information Programs and Schemes in five point rating scale and also in Tamil Language. The reliability and validity are found out in pilot study and found significant

Data Collection

The Researchers used both the survey method using structured questionnaire and interview schedule for rural women to collect the information. The Principal Investigator got prior written permission from the District collector, Perambalur

District to meet the Block Development Officer of each block i.e., Panchayat union and to explain the value of the project and to collect the details of 121 village panchayats. The Principal Investigator met rural women in each village panchayat directly and explained the objective of the project and made them realise the value of the project and get consent from them before the interview started. Information about their health status, needs and awareness were collected either through questionnaire or through interview. The researcher collected information about the performance of existing health information system from the primary health centre and sub health centre directly meeting the doctors and nurses in person.

Discussion of findings

Data collected in the research were organized and evaluated by using suitable statistical tools and the following inferences have been made

Table 1
Frequency distribution of rural women in Perambalur District with respect to age

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-19	59	11.8	11.8	11.8
	20-29	78	15.7	15.7	27.5
	30-39	89	17.9	17.9	45.4
	40-49	74	14.9	14.9	60.2
	50-59	73	14.7	14.7	74.9
	60-69	70	14.1	14.1	89.0
	70+	55	11.0	11.0	100.0
	Total	498	100.0	100.0	

From the above table and graph, it could be observed that total of 498 rural women are distributed with respect to age. A large number of rural women (17.9%) belongs to the age group of 30-39 years. The small number of rural women (11%) belong to the age group of 70 years and above. 15.7% of rural women belong to the age group of 20-29 years, 14.9% of rural women belong to the age group of 40-49 years, 14.1% of rural women belong to the age group of 50-59 years, and 11.8% of rural women belong to the age group of 18-19 years.

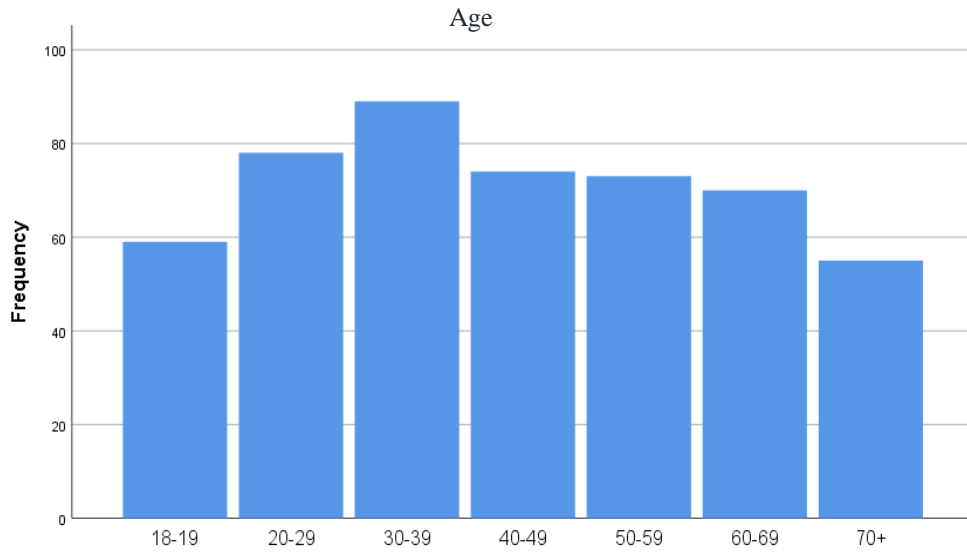
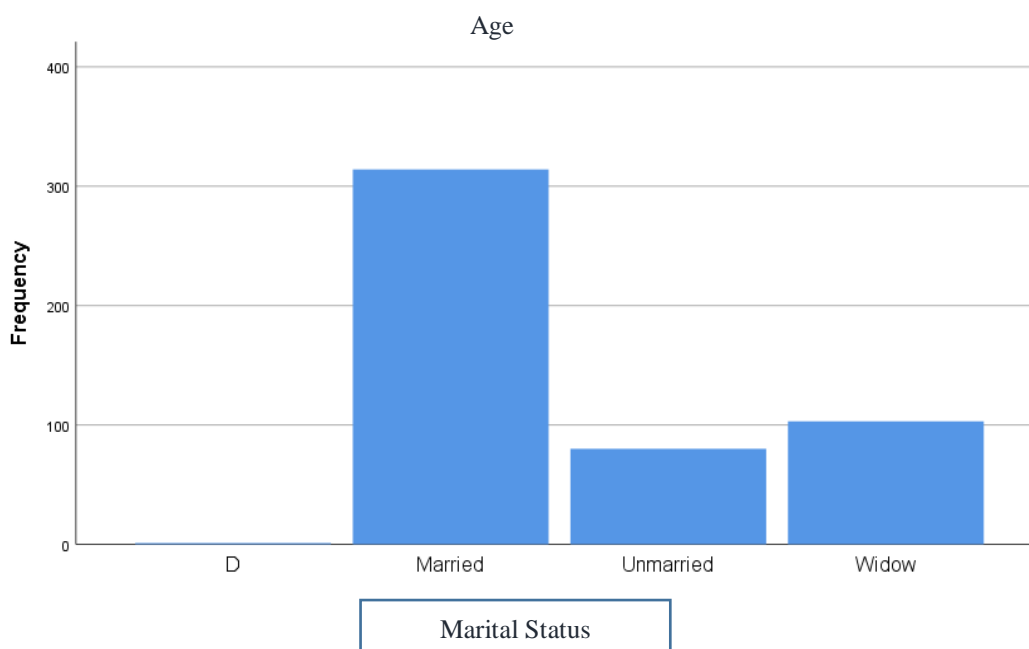


Table 2
Frequency distribution of rural women in Perambalur District with respect to Marital Status

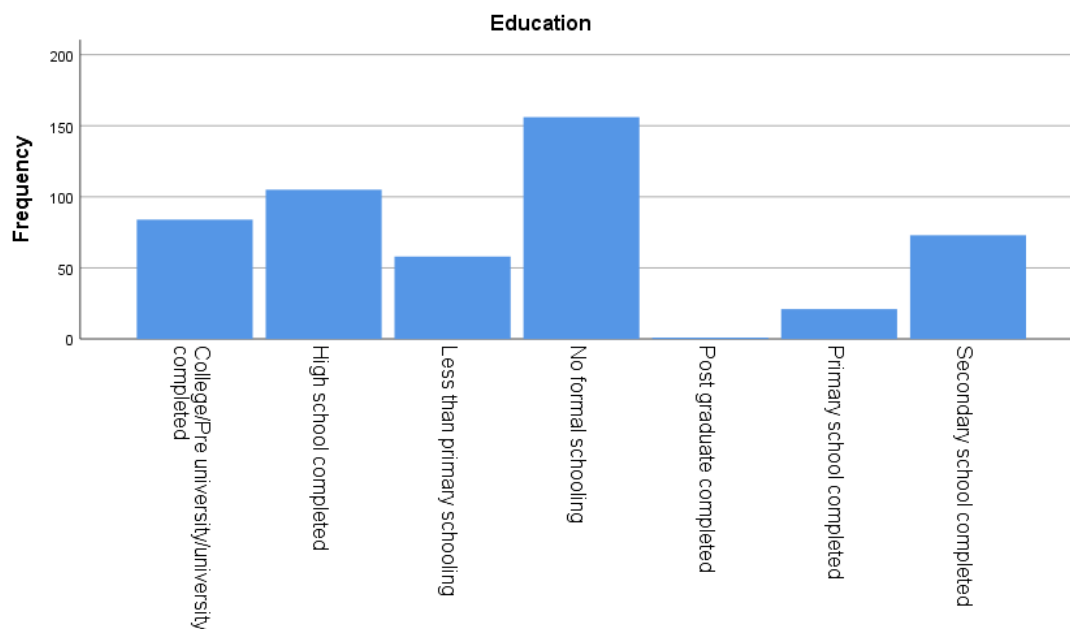
Marital Status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	D	1	.2	.2	.2
	Married	314	63.1	63.1	63.3
	Unmarried	80	16.1	16.1	79.3
	Widow	103	20.7	20.7	100.0
	Total	498	100.0	100.0	



From the above table and graph, it could be observed that a total of 498 rural women are distributed with respect to marital status. A large number of rural women (63.1%) are married. There is no valid percentage of rural women in the Divorce category. 20.7% of rural women are in widow status, and 16.1% of rural women are unmarried.

Table 3
Frequency distribution of rural women with respect to Education in Perambalur District

Education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	College/Pre university/university completed	84	16.9	16.9	16.9
	High school completed	105	21.1	21.1	38.0
	Less than primary schooling	58	11.6	11.6	49.6
	No formal schooling	156	31.3	31.3	80.9
	Post graduate completed	1	.2	.2	81.1
	Primary school completed	21	4.2	4.2	85.3
	Secondary school completed	73	14.7	14.7	100.0
	Total	498	100.0	100.0	



From the above table and graph, it could be shown that the sample of 498 rural women in the perambalur district are distributed with respect to education. 31.3 % of rural women are not having any formal schooling. 21.1% of rural women are completed in High school.16.9 % of rural women are completed Under Graduate/Pre University. 14.7% of rural women are completed up to secondary schooling. 11.6% of rural women are completed less than primary schooling. 4.2% of rural women are completed only in primary schooling. Very less, that is, 0.2% of rural women are completed post-graduate education.

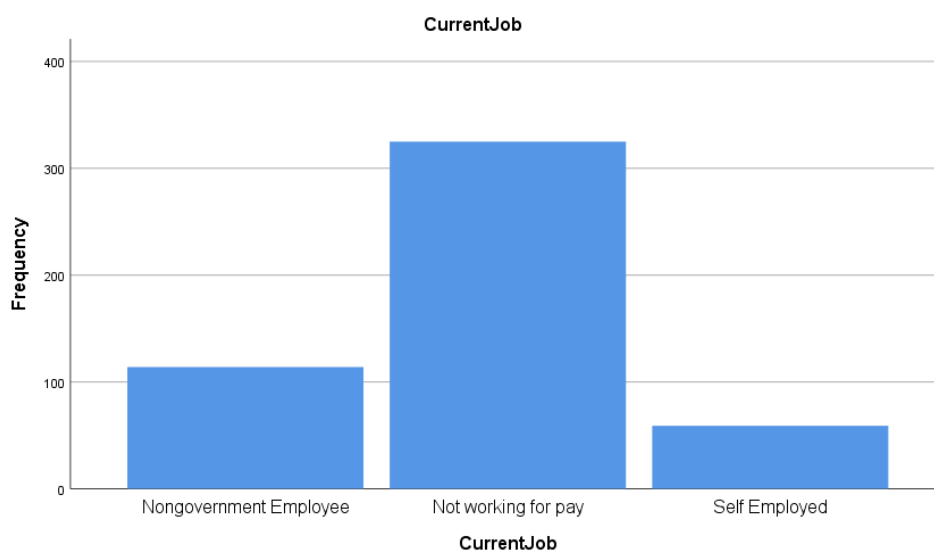
It could be inferred that rural women who are not having formal schooling are very high, when we compare this data with respect to age. The age group belongs to above 50 are coming in this percentage that they do not have formal schooling. It is because of that the Government schemes such as no compulsory education, Sarva Shiksha Abiyan are not implemented that time.

It could be further inferred that only one woman belongs to the age group 30-39 has undergone to post-graduate education. It depicts that many rural women are not able to continue after graduation due to they got married and settled as a housewife and lack of finance, many are self-employed.

It could be further depicted that Perambalur district consists of very downtrodden and tribespeople when compared to other districts in Tamil Nadu. It is the main reason for the drop out of schooling and not able to continue further education continuously.

Table 4
Frequency distribution of rural women with respect to Current Job in Perambalur District

		Current Job			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nongovernment Employee	114	22.9	22.9	22.9
	Not working for pay	325	65.3	65.3	88.2
	Self Employed	59	11.8	11.8	100.0
	Total	498	100.0	100.0	

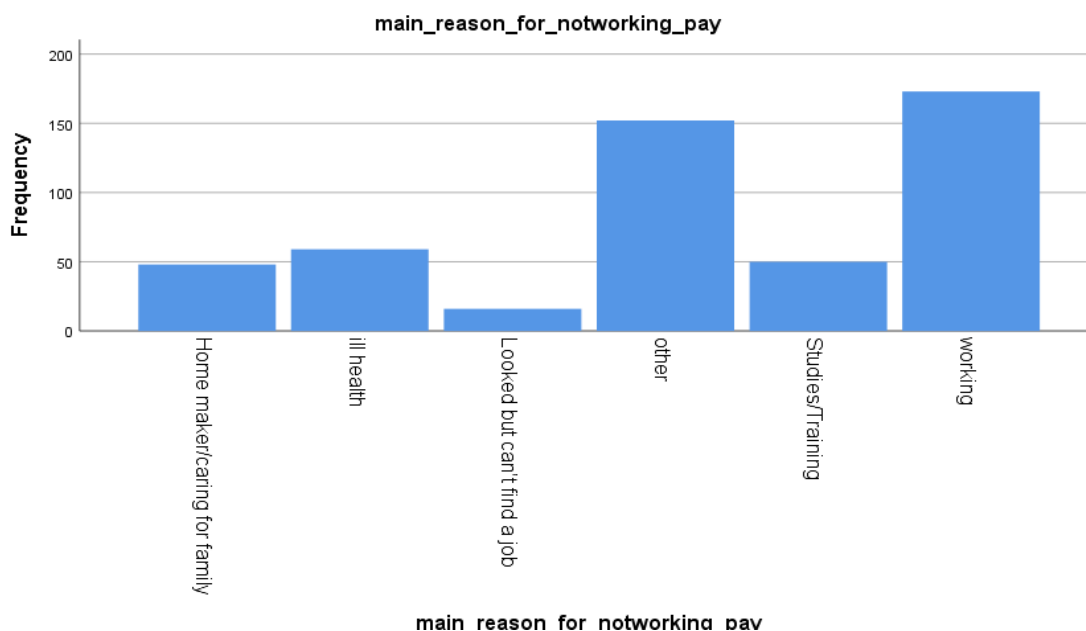


From the above table and graph, it is shown that 498 rural women are distributed in Perambalur District with respect to the current job. In which 65.3% of rural women are not working for pay, that is they are doing work for their family, or they are working in their field, in their shop, etc., for that they are not getting any wages. 22.9% of rural women are working in Non-Government Sector. 11.8% of rural women are self-employed; they are earning money by doing small scale work.

It could be inferred that many rural women are not working for wages; that is, they may be housewives, they are working in their field to support their husbands and children. No rural women in Perambalur District are working government sector or working as an employer. The Perambalur District is a very deprived district in Tamil Nadu so that women in Perambalur District are not yet developed so much.

Table 5
Frequency distribution of rural women with respect to reason for not working for pay in Perambalur District

		Reason for not working for pay			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Home maker/caring for family	48	9.6	9.6	9.6
	ill health	59	11.8	11.8	21.5
	Looked but can't find a job	16	3.2	3.2	24.7
	other	152	30.5	30.5	55.2
	Studies/Training	50	10.0	10.0	65.3
	working	173	34.7	34.7	100.0
	Total	498	100.0	100.0	



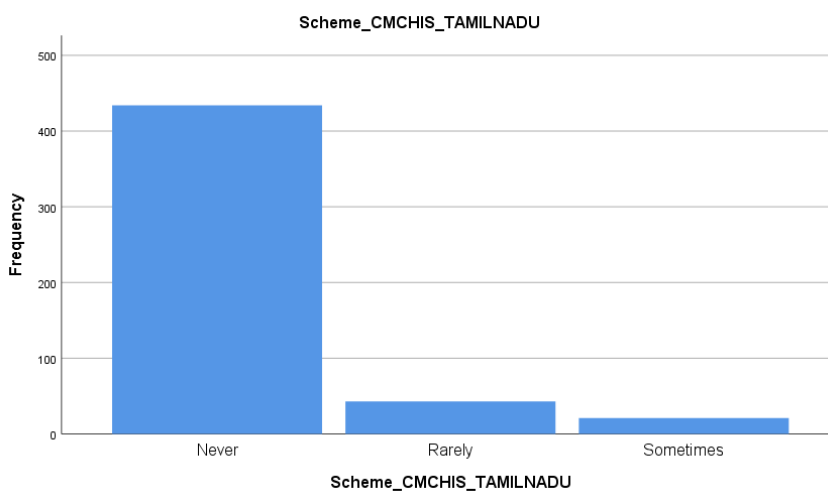
The above table and graph give added value to the previous table that the reason for not working for pay. It could be inferred from the above table that 30.5 % of rural women are not getting any wages for doing work as they are working or supporting their husbands or children. 11.8% of rural women are not getting any wages as they have an illness, not able to do any work.

9.6% of rural women are a homemaker that is housewives so that they are not getting any wages. 10 % of rural women are studying or getting training so that they are not getting any wages. It could be depicted that 34.7% of rural women

are earning by doing work rest of the 65.3% of rural women are not getting any wages though many of them engaged in work.

Table 6
Frequency distribution of Health Information Seeking Behaviour of rural women in Perambalur District about type of health scheme both in State and Central Government

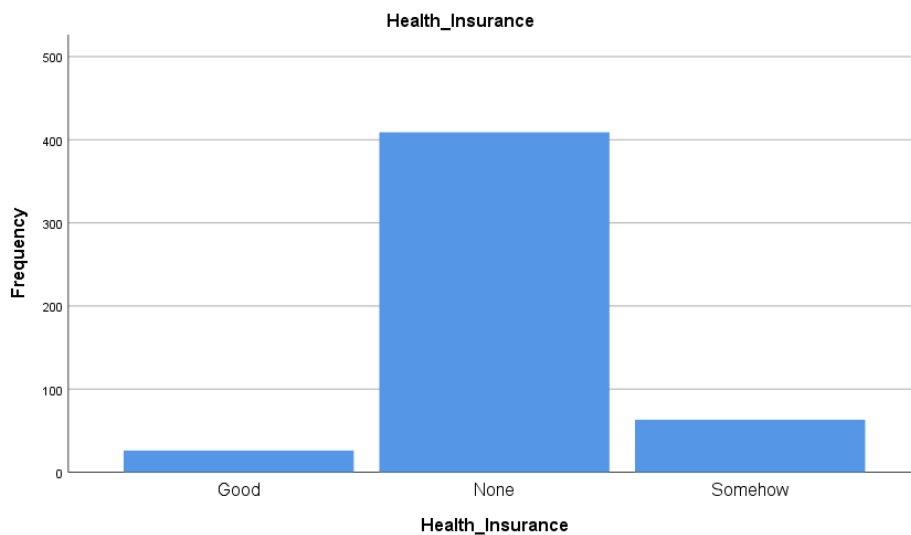
Health Information Seeking Behaviour					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	434	87.1	87.1	87.1
	Almost	43	8.6	8.6	95.8
	Good	21	4.2	4.2	100.0
	Total	498	100.0	100.0	



From the above table and graph, it could be observed that a total of 498 numbers of rural women are responded to health schemes of both State and Central Government. A large number of rural women (87.1%) are having poor Health Information Seeking Behaviour. 8.6% of rural women are almost having Health Information Behaviour, and Fewer rural women (4.2%) are having good Health Information Behaviour. It could be observed that Large number of rural women having poor Health Information Seeking Behaviour and they are not aware of Government schemes and its guidelines and procedure to adapt and benefits of the schemes.

Table 7
Frequency distribution of Health Information Seeking Behaviour of rural women
in Perambalur District about Health Insurance Schemes

Health Information Seeking Behaviour					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	26	5.2	5.2	5.2
	None	409	82.1	82.1	87.3
	Somehow	63	12.7	12.7	100.0
	Total	498	100.0	100.0	



From the above table and graph, it could be observed that totally 498 number of rural women are responded to the knowledge about health insurance schemes. Large number of women (82.1%) are not poor in Health Information Seeking Behaviour about any health insurance scheme. 12.7 % of rural women somehow having Health Information Seeking Behaviour about health insurance scheme and 5.2% of rural women good in Health Information Seeking Behaviour about health insurance scheme. It could be inferred that large number of rural women are not poor in Health Information Seeking Behaviour in any health insurance schemes include government health insurance and Employee State Insurance Scheme.

Table 8
ANOVA for significant difference in the Health Information Seeking Behaviour in Medication with respect to age of the Rural Women

Health Information Seeking Behaviour	Age	Mean	SD	F value	P value
Medication	18-19	41.88	0.31	44.582	0.00**
	20-29	39.33	2.86		
	30-39	36.67	3.01		
	40-49	36.11	3.79		
	50-59	34.33	4.07		
	60-69	35.22	2.46		
	70+	34	2.21		

From the above table, it could be inferred that there is a significant difference in age group among rural women with respect to Health Information Seeking Behaviour in medication available in Perambalur District. Rural women of various age groups have significantly different medication. The rural women of age above 70 are having less health information seeking behaviour ; that's why they were taking more medication compared with other age groups of rural women, and the mean graph defines that age group of 18-19 women is not taking medication. However, they are having much satisfaction with the health facility available in their village.

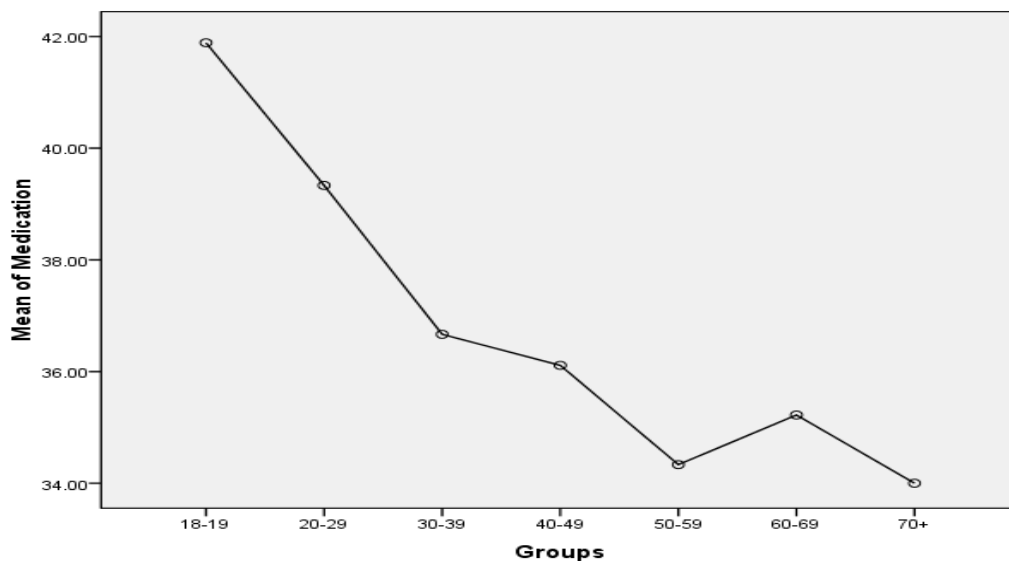
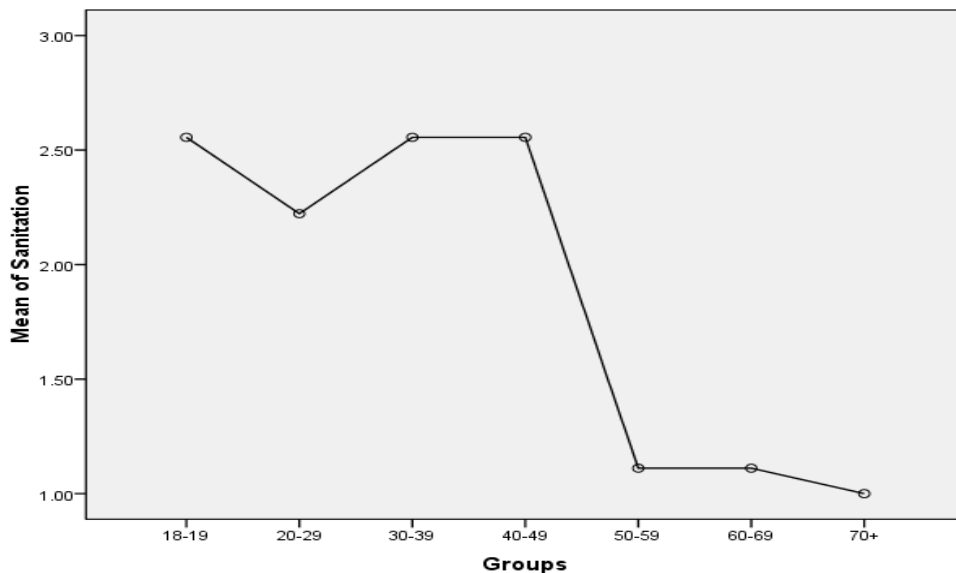


Table 9
ANOVA for significant difference in the Health Information Seeking Behaviour in sanitation with respect to age of the Rural Women

Health Information Seeking Behaviour	Age	Mean	SD	F value	P value
Sanitation	18-19	2.556	0.50	165.548	0.00**
	20 - 29	2.222	0.42		
	30-39	2.556	0.50		
	40-49	2.556	0.50		
	50-59	1.111	0.31		
	60-69	1.111	0.31		
	70+	1	0		

From the above table, it is depicted that rural women of various age groups are having significant difference in Health Information Seeking Behaviour in sanitation. The rural women of age group above 50 are having less sanitation status that's why they are not taking more care to sanitation comparatively with other age group of rural women and the mean graph defines that age group of 18-19 women are very care about sanitation but they are having much satisfied with the health facility available in their village.



Conclusion and Recommendations

Rural women in Perambalur District do not know the Government Schemes and its benefits So that it is essential to inculcate the knowledge about these schemes. Large number of rural women are not poor in Health Information Seeking Behaviour in any health insurance schemes include government health insurance

and Employee State Insurance Scheme. Rural women of age above 70 are having less health information seeking behaviour ; that's why they were taking more medication compared with other age groups of rural women, However, they are having much satisfaction with the health facility available in their village. Rural women of age group above 50 are having less sanitation status that's why they are not taking more care to sanitation comparatively with other age group of rural women

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