

1                   **INFORMATION-SEEKING BEHAVIOUR OF WOMEN REGARDING FOOD**  
2                                   **RELATED HEALTH AND HYGIENE PRACTICES**

3  
4   **Abstract**

5           The present study was undertaken with the objectives to identify the information-seeking  
6 behaviour of women regarding food related health and hygiene practices, and to ascertain the  
7 relationship of information-seeking behaviour of women with their personal and socio-economic  
8 characteristics. The study was conducted in both the rural and urban areas of Ludhiana district of  
9 Punjab. A total of 200 women formed the sample for the study, and data was collected with the  
10 help of an interview schedule. Information-seeking behaviour was studied in terms of  
11 information needs, use of information sources and information source evaluation. Findings of the  
12 study revealed that majority of the respondents had low information needs for selected food  
13 related health and hygiene practices. Informal sources were the most frequently used sources of  
14 information whereas use of all information sources i.e. formal sources, informal sources and  
15 mass media, was found to be low by most of the respondents. Information sources were never  
16 evaluated by the majority of the respondents while looking for information on food related health  
17 and hygiene practices. Most of the respondents possessed passive information-seeking behaviour  
18 for food related health and hygiene practices. Information-seeking behaviour of the respondents  
19 was positively correlated with their education, caste, family income and mass media exposure  
20 while age of the respondents was negatively correlated with their information-seeking behaviour.

21   **Keywords:** Information-seeking behaviour, Information needs, Information sources, Food  
22 related health and hygiene practices.

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25                                   **INTRODUCTION**

26           Every society and culture has laid stress on the health of its citizens. Health is cherished  
27 as a highly valued resource. Every human being desires for it in order to perform his or her role  
28 effectively in the society. Hygiene is also one of the parameter that influences the health status of  
29 an individual. Concern of family health lies with the women head of the family. Therefore, it is

30 imperative to make women of our country well informed particularly on health and hygiene so as  
31 to improve the health status of our society. Hence there is a need to study the information  
32 seeking behaviour (ISB) of women regarding health and hygiene practices. The results obtained  
33 from the present study aims at providing insight to the extension personnel, researchers and  
34 subject specialists to formulate strategies regarding dissemination of needed information to the  
35 women, by facilitating them to select the appropriate sources of information.

36 Objectives:

- 37 1. To study the personal and socio-economic characteristics of the selected women.
- 38 2. To identify the information-seeking behaviour of women regarding food related health  
39 and hygiene practices.
- 40 3. To ascertain the relationship of information-seeking behaviour of women with selected  
41 personal and socio-economic characteristics.

## 42 MATERIALS AND METHODS

43 The study was conducted in Ludhiana district of Punjab state. For the selection of rural  
44 respondents, two blocks *Doraha* and *Sidhwan Bet* were selected purposively to ensure that one  
45 selected block was near the while another was far from the city, so that the sample includes both  
46 type of respondents which may differ in their behaviour due to remoteness. Further two villages  
47 from each block were selected on a random basis. *Barmalipur* and *Kaddon* village were selected  
48 from *Doraha* block, whereas, *Talwandi Khurd* and *Swaddi kallan* were selected from *Sidhwan*  
49 *Bet*. To represent the urban population two zones (zone A and zone D) from Ludhiana district  
50 were selected randomly. Further two localities from each zone were also selected randomly i.e.  
51 from zone A, *Salem Tabri* and *Guru Nanak Dev Nagar*, and *Model Town* and *Passi Nagar* from  
52 zone D. Twenty five married women, in the age group of 25-50 years, from each selected village  
53 as well as from each locality were selected on random basis. Thus, the sample composed of 200  
54 women for the present study. The data was collected with the help of a self-structured interview  
55 schedule.

## 56 RESULTS AND DISCUSSION

### 57 Personal and socio-economic characteristics of respondents

58 Respondents' profile in respect of personal and socio-economic variables like education,  
59 occupation, caste, family type, family size, family income, family education and mass media  
60 exposure was analyzed as shown in table 1. The findings have been illustrated and discussed as

61 following:

62 **Table 1: Distribution of the respondents according to their socio-economic characteristic**  
63 (n=200)

Personal and socio-economic characteristics	Category /range	Frequency (f)	Percentage (%)
Age	Young (25-33 yrs)	83	41.5
	Middle (34-42 yrs)	46	23.0
	Old (43-50 yrs)	71	35.5
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
	SC/ST	55	27.5
	BC	10	5.0
Family type	Nuclear	111	55.5
	Joint	89	44.5
Family size (no. of members)	Small (1-4)	88	44.0
	Medium (5-8)	87	43.5
	Large (more than 8)	25	12.5
Family income (Rs./annum)	Low (Rs.50,000-Rs.6,33,333)	172	86.0
	Medium (Rs.6,33,334-Rs.12,16,666)	19	9.5
	High (Rs.12,16,667-Rs. 18,00,000)	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 exposure	Low (0-0.61)	77	38.5
	Medium (0.62-1.23)	100	50.0
	High (1.24-1.85)	23	11.5

64 Data revealed that majority of the respondents (41.5%) were from the age group of 25-33  
65 years i.e. middle age. Nearly half of the respondents (51%) had medium level of education  
66 (primary to matriculate). A large majority of respondents (91.5%) were housewives, belonging to  
67 general caste category (67.5%). Further the data revealed that most of the respondents (55.5%)  
68 belonged to the nuclear families. A large proportion of the respondents (44%) had small family  
69 size i.e. 1 to 4 members in their families and had low family annual income (86%). Data showed  
70 that nearly half of the respondents had medium level of family education (51.5%) as well as  
71 mass media exposure (50%).  
72

73 **Information needs regarding food related health and hygiene practices**

74 Women are usually responsible for preparing and storing food for the family. Most of the  
 75 Indian housewife’s day is consumed in preparing food for their family. So it is important to  
 76 know their need for information with respect to food related health and hygiene practices.

77 According to the data on information needs of respondents presented in table 2, low cost  
 78 nutritious recipes was ranked first with mean weighted score 1.79. Cooking methods with mean  
 79 weighted score (MWS) 1.74 and storage of food items with MWS 1.71 were ranked second and  
 80 third respectively. Information needs of the respondents for use of fats was low with MWS 1.64,  
 81 so it was ranked fourth.

82 It was observed that women are more interested in learning new recipes and cooking  
 83 methods, therefore, the need for these practices was more than information need for use of fats  
 84 and storage of food items.

85 **Table 2: Distribution of the respondents according to information needs for food related**  
 86 **health and hygiene practices**

(n=200)

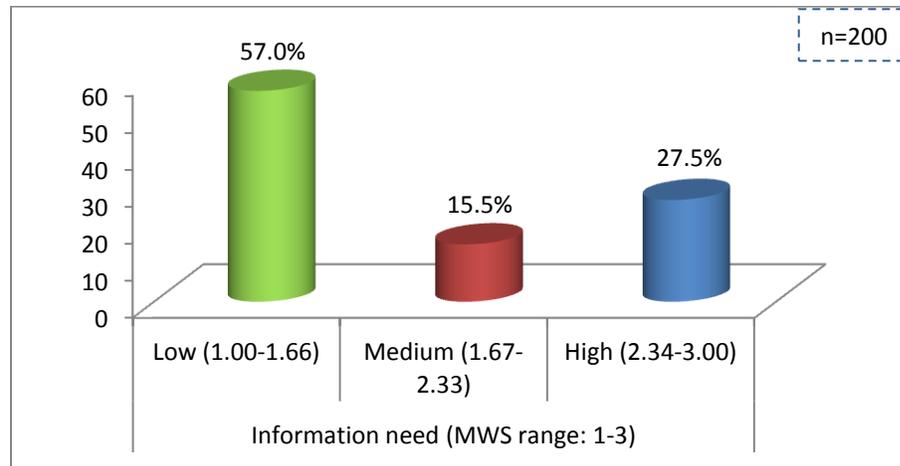
Food related health and hygiene practices	Information needs						MWS (Range: 1-3)	Rank
	Highly needed		Somewhat needed		Not needed			
	f	%	f	%	f	%		
Low cost nutritious recipes	66	33.0	25	12.5	109	54.5	1.79	1
Cooking methods								
Baking	63	31.5	24	12.0	113	56.5	1.74	2
Steaming	61	30.5	23	11.5	116	58.0		
Fermenting	60	30.0	24	12.0	116	58.0		
Sprouting	62	31.0	23	11.5	115	57.5		
Use of fats	49	24.5	29	14.5	122	61.0	1.64	4
Storage of								
Pulses	53	26.5	34	17.0	113	56.5	1.71	3
Rice and wheat	54	27.0	34	17.0	112	56.0		
Spices	54	27.0	34	17.0	112	56.0		
Vegetables and fruits	54	27.0	34	17.0	112	56.0		
Milk and milk products	54	27.0	34	17.0	112	56.0		

88 \*MWS= Mean weighted score

89 **Level of information need regarding food related health and hygiene practices**

90 Respondents were classified into three categories as respondents with low, medium and  
 91 high information need, on the basis of their individual information need score regarding selected  
 92 health and hygiene practices.

93 Data given in **Figure 1** indicated the percentage of the respondents (57%) having low  
94 information need for food related health and hygiene practices, was comparatively more than the  
95 respondents who had high information need (27.5 %) and medium information need (15.5%).



96  
97 **Figure 1: Level of information need of respondents for food related health and hygiene**  
98 **practices**

99 **Use of information sources by the respondents to seek information on food related health**  
100 **and hygiene practices**

101 Information sources for the present study were classified as informal sources (family,  
102 friends, neighbour and relatives), formal sources (doctors, dietitian, nurse/ANM, ASHA/A.W.  
103 and chemist) and mass media (radio, T.V., internet, newspaper, magazine and books).

104 A perusal of data in table 3 states that the most frequently used information sources by  
105 the respondents were informal sources for seeking information on all food related health and  
106 hygiene practices followed by mass media and formal sources. This can be because women  
107 usually get cooking related ideas from their friends, neighbours etc. in day to day talks. They  
108 also watch food shows on television and cooking videos on social media. While formal sources  
109 of information were not consulted by the respondents for seeking information regarding cooking  
110 methods and storage of food products. Accordingly these information sources were ranked from  
111 one to three.

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115 **Table 3: Distribution of respondents according to the use of information sources for**  
 116 **seeking information on food related health and hygiene practices**  
 117 (n=200)

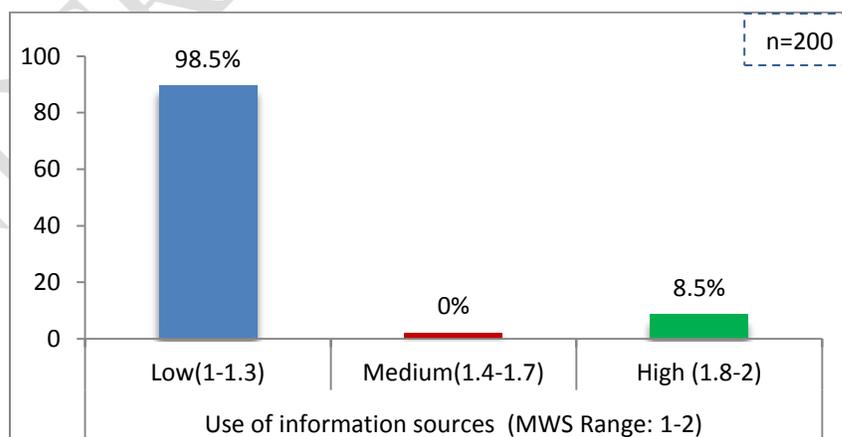
Information sources	Food related health and hygiene practices							
	Low cost nutritious recipes		Cooking methods		Use of fats		Storage of food products	
	Mean %	Rank	Mean %	Rank	Mean %	Rank	Mean %	Rank
Informal	27.1	1	26.8	1	19.3	1	27.6	1
Formal	0.5	3	-	-	0.5	3	-	-
Mass media	11.3	2	10.3	2	8.5	2	8.2	2

118 \*Multiple responses

119 For all food related health and hygiene practices, women relied on the informal sources  
 120 for information. This can be because they were easily and free of cost available to them and  
 121 provide instant information. The findings of Ngcobo (1994) and Rutakumwa (2000) supported  
 122 the present findings.

123 **Level of use of information sources to seek information on food related health and hygiene**  
 124 **practices**

125 According to data shown in figure 2, a large majority (98.5%) of the respondents had low  
 126 level of use of information sources and only 1.5 per cent respondents had high level of use of  
 127 information sources. None of the respondent was at medium level of use of information sources  
 128 for food related health and hygiene practices. As proper information on food related practices is  
 129 crucial for good health, thus women should be encouraged to seek information from more  
 130 reliable sources.

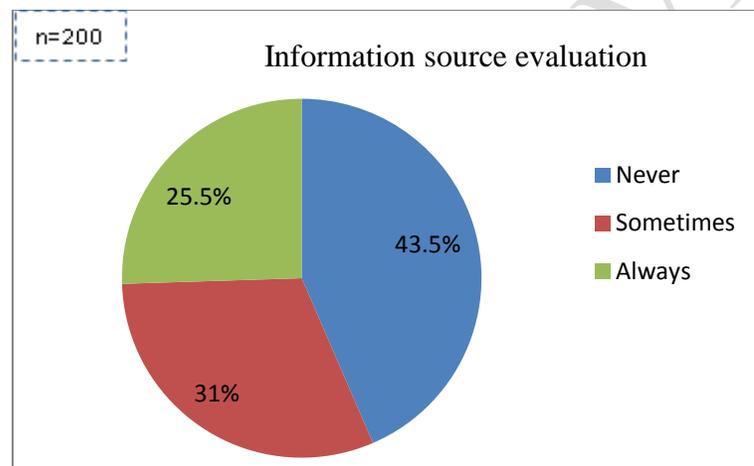


131 **Figure 2: Level of use of information sources to seek information on food related health**  
 132 **and hygiene practices**  
 133

134 **Extent of evaluation of information sources by the respondents for food related health and**  
135 **hygiene practices**

136 The extent of evaluation of information sources was studied on a three point continuum  
137 as always, sometimes and never and the parameters used for evaluation were cost, accessibility,  
138 past experience and credibility. The MWS range for low category was 1.00-1.66, for medium  
139 was 1.67-2.33 and for high category it was 2.34-3.00.

140 The data presented in table 4 revealed that majority of the respondents (43.5%) never  
141 evaluated the sources of information followed by 31 per cent of the respondents who sometimes  
142 evaluated the information sources and 25.5 per cent respondents who had always evaluated the  
143 sources of information while searching for information.



144  
145 **Figure 3: Extent of evaluation of the information sources while seeking information**  
146 **regarding food related health and hygiene practices**

147 **Information seeking-behaviour of respondents regarding food related health and hygiene**  
148 **practices**

149 Information seeking-behaviour included activities like identifying information needs,  
150 seeking information from various information sources and evaluating or checking information  
151 sources. On the basis of their information-seeking behaviour, respondents were categorized into  
152 three categories; highly active, active and passive information seekers.

153 It is quite clear from the data in table 4 that for food related health and hygiene practices,  
154 majority of the respondents (48.5%) were passive information seekers whereas 40.5 per cent of  
155 the respondents were active information seekers and only 11 per cent of them were highly active  
156 information seekers.

157 **Table 4: Distribution of the respondents according to their ISB regarding food related**  
 158 **health and hygiene practices**

(n=200)

Information-seeking behaviour	f	%
Passive (<1.5)	97	48.5
Active(1.5- 2.0)	81	40.5
Highly active(>2.0)	22	11.0

160 **Relationship of ISB with personal and socio-economic characteristics of the respondents**

161 Correlation between ISB, and personal and socio-economic characteristics of the  
 162 respondents was computed. Data presented in table 5 indicates that age was negatively correlated  
 163 with ISB of respondents. It indicates that ISB of women decreases with increase in their age.  
 164 These findings are in line with findings of the study conducted by Ramrao (2007).

165 Education and family income of the respondents were found to be positively and  
 166 significantly associated with their ISB. It may be due to the reason that more educated persons  
 167 were more aware of the importance of health and hygiene practices so they seek more  
 168 information from each source of information and respondents with high family income may have  
 169 higher access to more sources of information. These findings were in the agreement with the  
 170 findings of Das and Visaria (2002), Nayab (2005), Aslam and Kingdon (2010) and Gavgani *et al*  
 171 (2013). Respondents' caste and mass media exposure were also correlated positively and  
 172 significantly with their ISB. These findings incline with studies conducted by Ghosh (2004).

173 **Table 5: Correlation between use of information sources and personal and socio-**  
 174 **economic characteristics of the respondents**

(n=200)

Personal and socio-economic characteristics	r value
Age	-0.1612**
Education	0.2159**
Occupation	-0.0835 NS*
Caste	0.1275**
Family type	-0.0753 NS*
Family size	0.0553 NS*
Family income	0.2368**
Family education	-0.0055 NS*
Mass media exposure	0.2409**

176 \*NS- Non-significant

177 \*\*Significant at 0.05 level

178

## CONCLUSION

179

180 The study concluded that majority of the respondents had low information needs for food  
181 related health and hygiene practices. It shows that they are satisfied with their present level of  
182 information. Informal sources i.e, family, friends, neighbors and relatives were the most  
183 frequently used sources of information. As there is risk to get inaccurate information from these  
184 sources thus women should be encouraged to seek information from formal and more reliable  
185 sources. The informal sources of information itself should be armed with the correct and  
186 appropriate information on health and hygiene so that they can share this knowledge further.  
187 Majority of the respondents never evaluated information sources and were having passive ISB  
188 regarding food related health and hygiene practices. ISB of the respondents was positively  
189 correlated with their education, caste, family income and mass media exposure while age of the  
190 respondents was negatively correlated with their ISB. Thus, education should be promoted  
191 among girls and the policy makers should ensure early health and hygiene education in schools.  
192 Non-formal education and training programmes should be planned by the extension personnel to  
193 educate women on health and hygiene practices and appropriate mass media sources may be  
194 used to disseminate this information.

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UNDER PEER REVIEW