

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 behavior 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 ([mention country name](#)). A total of 200 women formed the sample for the study, and data  
10 was collected with the help of an interview schedule. Information-seeking behaviour was studied  
11 in terms of information needs, use of information sources and information source evaluation.  
12 Findings of the study revealed that majority of the respondents had low information needs for  
13 selected food related health and hygiene practices. Informal sources ([give example](#)) were the  
14 most frequently used sources of information, whereas use of all information sources i.e. formal  
15 sources, informal sources and mass [media,media waswere](#) found to be low by most of the  
16 respondents. Information sources were never evaluated by the majority of the respondents while  
17 looking for information on food related health and hygiene practices. Most of the respondents  
18 possessed passive information-seeking behaviour for food related health and hygiene practices.  
19 Information-seeking behaviour of the respondents was positively correlated with their education,  
20 caste, family income and mass media exposure while age of the respondents was negatively  
21 correlated with their information-seeking behaviour.

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

24  
25  
26                   **INTRODUCTION**

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

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

37 Objectives:

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

## 43 MATERIALS AND METHODS

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

## 57 RESULTS AND DISCUSSION

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

59 Respondents' profile in respect of personal and socio-economic variables like education,  
60 occupation, caste, family type, family size, family income, family education and mass media

61 exposure was analyzed as shown in table 1. The findings have been illustrated and discussed as  
 62 following:

63 **Table 1: Distribution of the respondents according to their socio-economic characteristic**  
 64 (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           |

65 Data revealed that majority of the respondents (41.5%) were from the age group of 25-33  
 66 years i.e. middle age. Nearly half of the respondents (51%) had medium level of education  
 67 (primary to matriculate). A large majority of respondents (91.5%) were housewives, belonging to  
 68 general caste category (67.5%). Further the data revealed that most of the respondents (55.5%)  
 69 belonged to the nuclear families. A large proportion of the respondents (44%) had small family  
 70 size i.e. 1 to 4 members in their families and had low family annual income (86%). Data showed  
 71 that nearly half of the respondents had medium level of family education (51.5%) as well as  
 72 mass media exposure (50%).  
 73

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

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

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

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

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

(n=200)

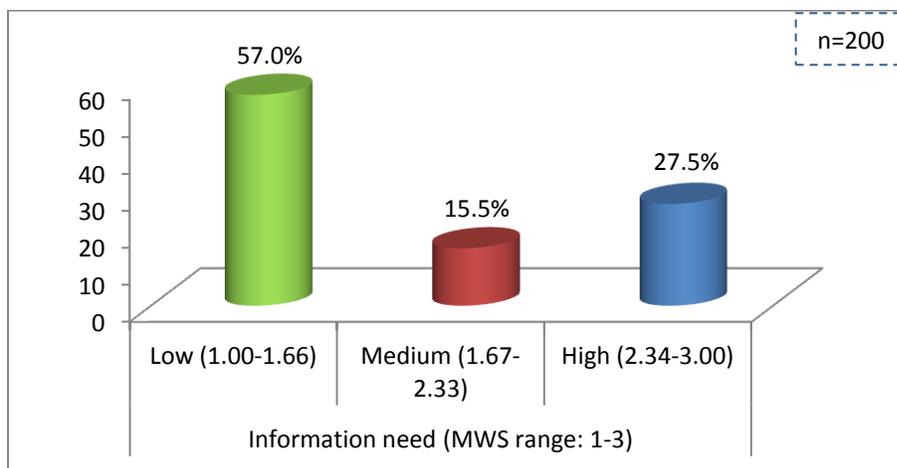
| Food related health and hygiene practices | Information needs |      |                 |      |            |      | MWS (Range: 1-3) | Rank |
|---|-------------------|------|-----------------|------|------------|------|------------------|------|
|   | Highly needed     |      | Somewhat needed |      | 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 |                  |      |

89 \*MWS= Mean weighted score

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

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

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



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

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

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

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

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114

115

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

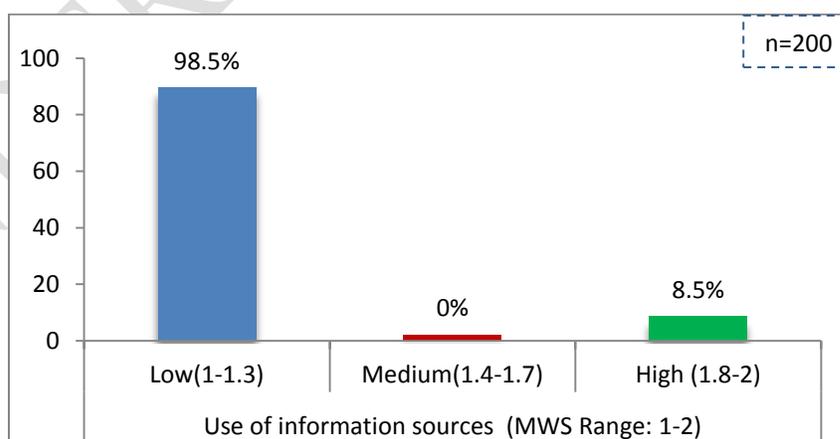
| Information sources | Food related health and hygiene practices |      |                 |      |             |      |                          |      |
|---------------------|---|------|-----------------|------|-------------|------|--------------------------|------|
|                     | Low cost 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    |

119 \*Multiple responses

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

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

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

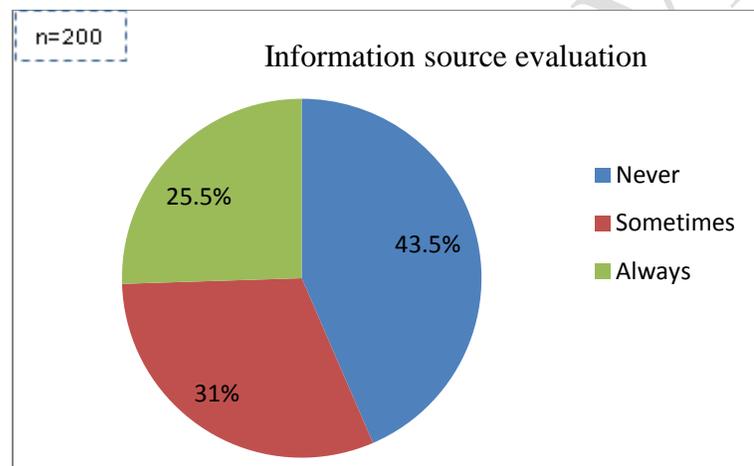


132 **Figure 2: Level of use of information sources to seek information on food related health**  
 133 **and hygiene practices**  
 134

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

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

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



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

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

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

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

158 **Table 4: Distribution of the respondents according to their ISB regarding food related**  
 159 **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 |

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

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

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

174 **Table 5: Correlation between use of information sources and personal and socio-**  
 175 **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**    |

177 \*NS- Non-significant

178 \*\*Significant at 0.05 level

179

## CONCLUSION

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

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