

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

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Abstract

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

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

INTRODUCTION

Every society and culture has laid stress on the health of its citizens. Health is cherished as a highly valued resource. Every human being desires for it in order to perform his or her role effectively in the society. Hygiene is also one of the parameter that influences the health status of an individual. The study conducted by Ezeh and Ezeh (2017) states that there exists a vast knowledge gaps coupled with the poor perception of health promoting practices among the respondents. Information is valuable, increases understanding and reduces uncertainty. Invariably, limited information about a subject results in limited knowledge of same (Egunjobi 2012). Information needs emphasize the requirement of the identification of the right need (Yadav 2017). Thus study of information seeking behaviour becomes significant.

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

Objectives:

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

MATERIALS AND METHODS

The study was conducted in both the rural and urban areas of Ludhiana district of Punjab state. For the selection of rural respondents, two blocks *Doraha* and *Sidhwan Bet* were selected purposively to ensured that one selected block was near the while another was far from the city, so that the sample includes both type of respondents which may differ in their behaviour due to remoteness. Further two villages from each block were selected on a random basis. *Barmalipur* and *Kaddon* village were selected from *Doraha* block, whereas, *Talwandi Khurd* and *Swaddi kallan* were selected from *Sidhwan Bet*. To represent the urban population two zones (zone A

and zone D) from Ludhiana district were selected randomly. Further two localities from each zone were also selected randomly i.e. from zone A, *Salem Tabri* and *Guru Nanak Dev Nagar*, and *Model Town* and *Passi Nagar* from zone D. Twenty five married women, in the age group of 25-50 years, from each selected village as well as from each locality were selected 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.

RESULTS AND DISSCUSSION

Personal and socio-economic characteristics of respondents

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

Table 1: Distribution of the respondents according to their socio-economic characteristic
(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

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

Information needs regarding food related health and hygiene practices

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

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

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

Table 2: Distribution of the respondents according to information needs for food related 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		

*MWS= Mean weighted score

Level of information need regarding food related health and hygiene practices

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

Data given in table 6 indicated the percentage of the respondents (57%) having low information need for food related health and hygiene practices, was comparatively more than the respondents who had high information need (27.5 %) and medium information need (15.5%).

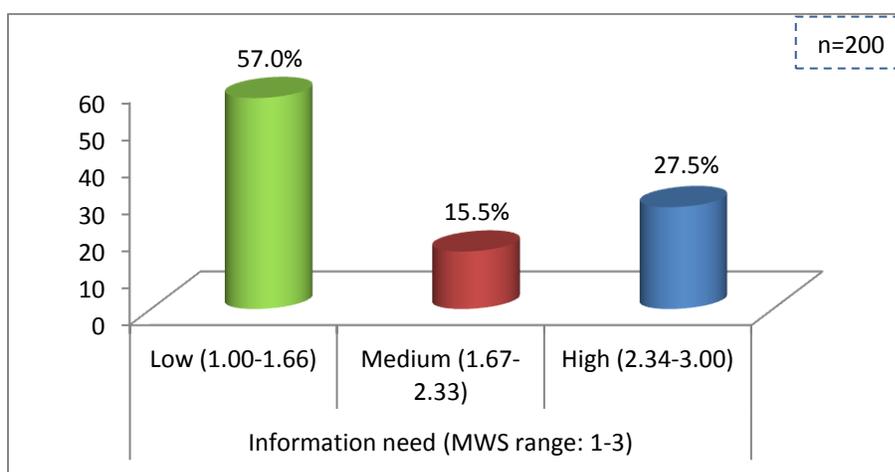


Figure 1: Level of information need of respondents for food related health and hygiene practices

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

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

A perusal of data in table 3 states that the most frequently used information sources by the respondents were informal sources for seeking information on all food related health and hygiene practices followed by mass media and formal sources. This can be because women

usually get cooking related ideas from their friends, neighbours etc. in day to day talks. They also watch food shows on television and cooking videos on social media. While formal sources of information were not consulted by the respondents for seeking information regarding cooking methods and storage of food products. Accordingly these information sources were ranked from one to three.

Table 3: Distribution of respondents according to the use of information sources for seeking information on food related health and hygiene practices

(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

*Multiple responses

For all food related health and hygiene practices, women relied on the informal sources for information. This can be because they were easily and free of cost available to them and provide instant information. The findings of Ngcobo (1994), Rutakumwa (2000) and Haque *et al* (2017) supported the present findings.

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

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

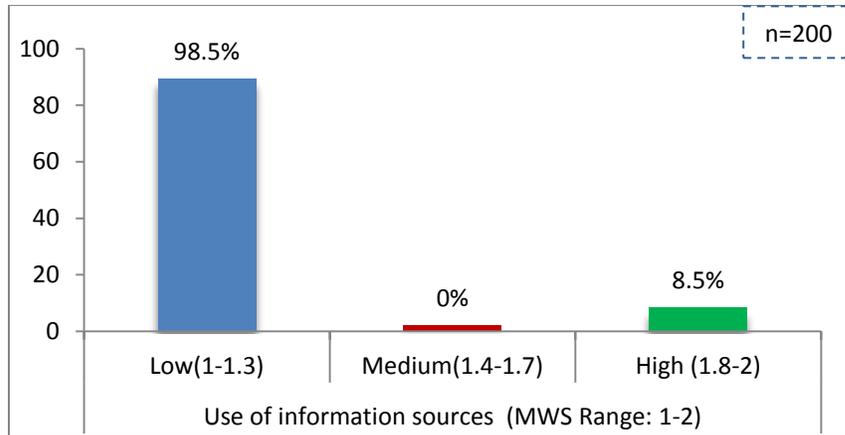


Figure 2: Level of use of information sources to seek information on food related health and hygiene practices

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

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

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

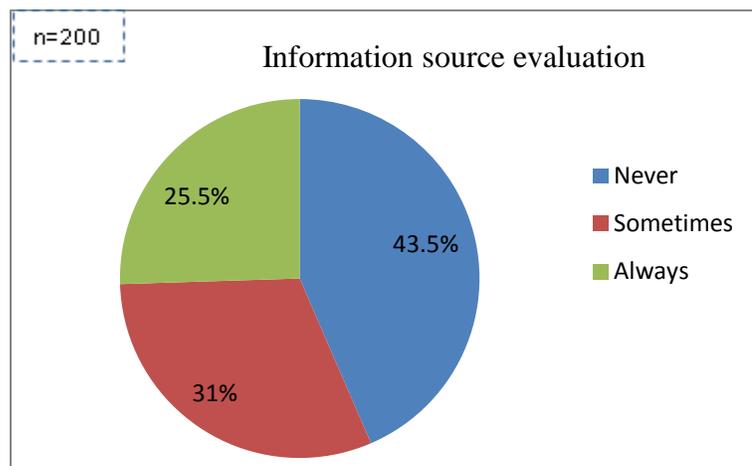


Figure 3: Extent of evaluation of the information sources while seeking information regarding food related health and hygiene practices

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

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

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

Table 4: Distribution of the respondents according to their ISB regarding food related 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

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

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

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

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

*NS- Non-significant

**Significant at 0.05 level

CONCLUSION

The study concluded that majority of the respondents had low information needs for food related health and hygiene practices. It shows that they are satisfied with their present level of information. Informal sources i.e, family, friends, neighbors and relatives were the most frequently used sources of information. 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. The informal sources of information itself should be armed with the correct and appropriate information on health and hygiene so that they can share this knowledge further. Majority of the respondents never evaluated information sources and were having passive ISB regarding food related health and hygiene practices. ISB of the respondents was positively correlated with their education, caste, family income and mass media exposure while age of the respondents was negatively correlated with their ISB. Thus, education should be promoted among girls and the policy makers should ensure early health and hygiene education in schools. Non-formal education and training programmes should be planned by the extension personnel to educate women on health and hygiene practices and appropriate mass media sources may be used to disseminate this information.

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