



# Information-Seeking Behaviour of Women Regarding Household Health and Hygiene Practices

Loveleen Kaur<sup>1\*</sup>, Sukhjeet Kaur<sup>1</sup> and Preeti Sharma<sup>1</sup>

<sup>1</sup>Department of Extension Education and Communication Management, Punjab Agricultural University, Ludhiana, Punjab, India.

## Authors' contributions

*This work was carried out in collaboration among all authors. Author LK designed the study, performed the statistical analysis, wrote the protocol, and wrote the first draft of the manuscript. Authors SK and PS managed the analyses of the study. Author LK managed the literature searches. All authors read and approved the final manuscript.*

## Article Information

DOI: 10.9734/CJAST/2019/v38i230352

### Editor(s):

(1) Dr. Ekpenyong, Christopher Edet Associate Professor, College of Health Sciences, University of Uyo, Nigeria.

### Reviewers:

(1) Attahiru Adamu, Gombe State College of Nursing and Midwifery, Nigeria.

(2) Zuzana Vranayova, Technical University of Kosice, Slovakia.

(3) Chadetrik Rout, Maharishi Markandeshwar University, India.

Complete Peer review History: <https://sdiarticle4.com/review-history/51696>

Original Research Article

Received 02 August 2019

Accepted 10 October 2019

Published 17 October 2019

## ABSTRACT

**Background:** Inadequate health and hygiene practices have direct effect on health of the individual, family, communities and nation as a whole. The knowledge about different health and hygiene practices depends largely upon the sources from where we regularly get information. Women tend to be the primary health information seekers for family and for themselves. Therefore there is a need to study their information seeking behaviours.

**Aim:** The present study was conducted with the objectives to identify the information-seeking behaviour of women regarding household health and hygiene practices, and to ascertain the relationship of information-seeking behaviour of women with their household and socio-economic characteristics.

**Methodology:** The study was conducted in Ludhiana district of Punjab. Two blocks and two zones were selected purposively from Ludhiana district. Further two villages from each block and two localities from each zone were selected randomly. Twenty five women from each selected village as well as from each locality in the age of 25-50 years were selected on random basis. Thus, a total of 200 women formed the sample for the study and data was collected with the help of an interview schedule.

\*Corresponding author: E-mail: loveleen\_kaur77@yahoo.in;

**Results:** Information-seeking behaviour was studied in terms of information needs, use of information source and information source evaluation. Findings of the study revealed that majority of the respondents i.e. 59 per cent had low information needs for selected household health and hygiene practices. Informal sources were the most frequently used sources of information whereas use of all information sources by most of the respondents (98%) was found to be low. Around 40 per cent of the respondents never evaluate the source of information while looking for information on household health and hygiene practices. Half of the respondents (50%) had active information-seeking behaviour regarding household health and hygiene practices.

**Conclusion:** Information-seeking behaviour of the respondents was positively correlated with their education, occupation and mass media exposure while age of the respondents and the family type were negatively correlated with their information-seeking behaviour.

*Keywords: Information-seeking behavior; information needs; information sources; household health and hygiene practices.*

## 1. INTRODUCTION

Information is a vital resource for survival and growth of an individual. In order to satisfy the needs, an individual has demands for latest information, therefore information-seeking behaviour takes place [1]. Information seeking behavior refers to the way people search for and utilize information [2]. As far as information on health and hygiene is concerned, women are often regarded as guardians of household health and hygiene. Women are considered to be primary users, providers, and managers of health and hygiene in a household [3]. The present study investigated the information-seeking behavior of women regarding household health and hygiene practices, for attaining a greater insight into the possible requirements for providing relevant and useful information related to health and hygiene. Also, the understanding of information sources used by women aims to identify proper ways of presenting and disseminating needed information to them.

### 1.1 Objectives

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

## 2. MATERIALS AND METHODS

The study was conducted in Ludhiana district of Punjab state. Two blocks namely *Doraha* and *Sidhwan Bet* were selected to represent the rural population. 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 kalkan* were selected from *Sidhwan Bet*. For selection of 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, 200 women made the sample of the present study. The data was collected with the help of a self-structured interview schedule.

The statistical calculations and interpretations were done using the standard methods.

## 3. RESULTS AND DISCUSSION

### 3.1 Personal and Socio-Economic Characteristics of Respondents

Table 1 shows 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 10<sup>th</sup> standard). A large majority of respondents (91.5%) were housewives, belonging to general religion 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%).

### 3.2 Information Need Regarding Household Health and Hygiene Practices

Housewives are always on their toes for cleaning and maintenance of house. So it is important to know their information needs related to household health and hygiene practices. Information need for various practices was analyzed with respect to their mean weighted scores. Table 2 shows that the most cited information need for household health and hygiene practices was pertained to control of insect and pests (MWS 1.79) followed by cleaning of various household items (MWS 1.70), cleaning agent for cooking shelves and cooking stoves (MWS 1.64) and cleaning and use of kitchen napkins (MWS 1.60). Information on disposal of waste was least needed with MWS 1.45 and one reason for this can be that women do not consider disposal of waste as a major problem in the house. Whereas the controlling of insects and pests was considered to be the

major issue in the household hygiene thus women showed a high need for information on this.

### 3.3 Level of Information Need Regarding Household Health and Hygiene Practices

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

Fig. 1 indicated that 59 per cent of the respondents had low information need and 26.5 per cent of the respondents had high information need. While only 14.5 per cent of the respondents were having medium level of information need on household health and hygiene practices. The results were in agreement with the findings of Ezeh and Ezeh [4].

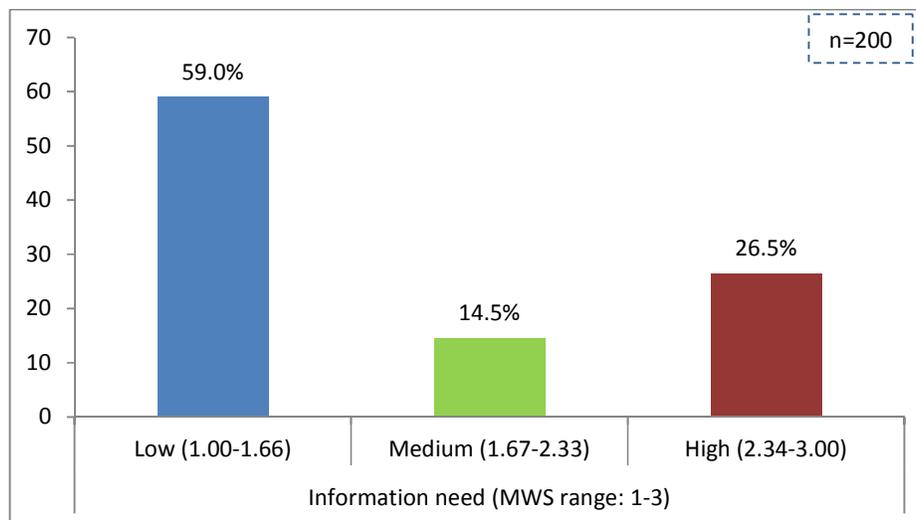
**Table 1. Distribution of the respondents according to their socio-economic characteristic (n=20)**

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
	Schedule Caste/Schedule Tribe	55	27.5
	Backward Caste	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

**Table 2. Distribution of the respondents according to information needs for household health and hygiene practices (n=200)**

Household health and hygiene practices	Information needs						MWS (Range: 1-3)	Rank
	Highly needed		Somewhat needed		Not needed			
	f	%	f	%	f	%		
Cleaning of								
Floor	60	30.0	24	12.0	116	58.0		
Bathroom	62	31.0	24	12.0	114	57.0		
Drainage	57	28.5	24	12.0	119	59.5		
Mattresses	57	28.5	24	12.0	119	59.5		
Carpets/curtains	56	28.0	24	12.0	120	60.0		
Furniture	60	30.0	23	11.5	117	58.5	1.70	2
Refrigerator	59	29.5	23	11.5	118	59.0		
Microwave oven	61	30.5	22	11.0	117	58.5		
Air conditioner/coolers	55	27.5	23	11.5	122	61.0		
Kitchen utensils	58	29.0	23	11.5	119	59.5		
Cleaning agent for cooking shelves and cooking stoves	53	26.5	22	11.0	125	62.5	1.64	3
Cleaning and use of kitchen napkins	50	25.0	20	10.0	130	65.0	1.60	4
Disposal of waste	35	17.5	20	10.0	144	72.0	1.45	5
Control of								
Cockroaches/mites/ants	69	34.5	19	9.5	112	56.0		
Termite	70	35.0	18	9.0	112	56.0	1.79	1
Breeding of mosquitoes	70	35.0	18	9.0	112	56.0		

\*MWS= Mean weighted score



**Fig. 1. Level of information need of respondents for household health and hygiene practices**

### 3.4 Use of Information Sources by the Respondents to Seek Information on Household 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).

According to data shown in Table 3, informal information sources were mostly used by the respondents to seek information on household health and hygiene practices followed by mass

media sources. As data regarding formal sources of information was also collected, but none of the respondent used these sources for seeking information on household issues. The reason behind the use of informal sources and mass media can be that they are easily and free of cost available to and provide instant information. The findings of Ngcobo and Rutakumwa [5,6] supported the present findings.

**3.5 Level of Use of Information Sources to Seek Information on Household Health and Hygiene Practices**

Fig. 2 shows that a large majority of the respondents (98.5%) had low level of use of information sources while only 1.5 per cent had high level of use of information sources and none of them was having medium level of use of information sources. So majority of respondents fall in the category of low information source usage while looking for information on household health and hygiene practices. These results are similar to findings of Iyalombe and Iyalombe (2012) [7] in their study of healthcare seeking behavior of rural dwellers in Southern Nigeria.

**3.6 Extent of Evaluation of Information Sources by the Respondents for Household Health and Hygiene Practices**

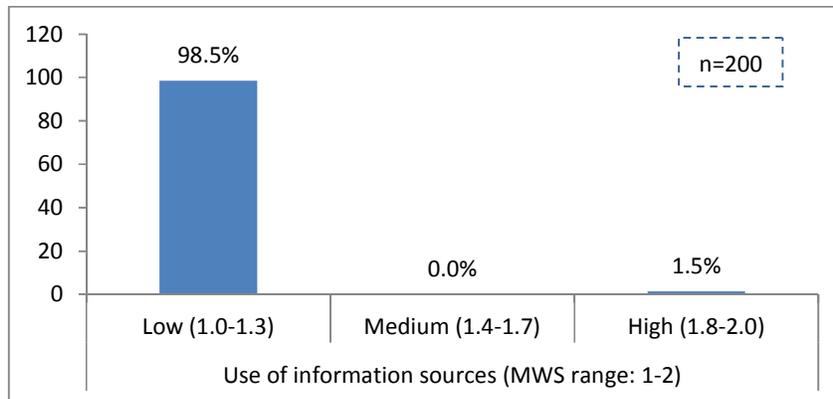
The extent of evaluation of information sources was studied on a three point continuum as always, sometimes and never and the parameters used for evaluation were cost, accessibility, past experience and credibility. The MWS range for low category was 1.00-1.66, for medium was 1.67-2.33 and for high category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

The data presented in Fig. 3 revealed that nearly 40 per cent of the respondents never evaluated the information sources for seeking information on household health and hygiene practices, while 33 per cent of the respondents sometimes and 27 per cent of them always evaluated the information sources for seeking information. This shows that women are not more concerned about comparing various information sources on the basis of their cost effectiveness, time utilization and credibility, while getting household health and hygiene related information from them.

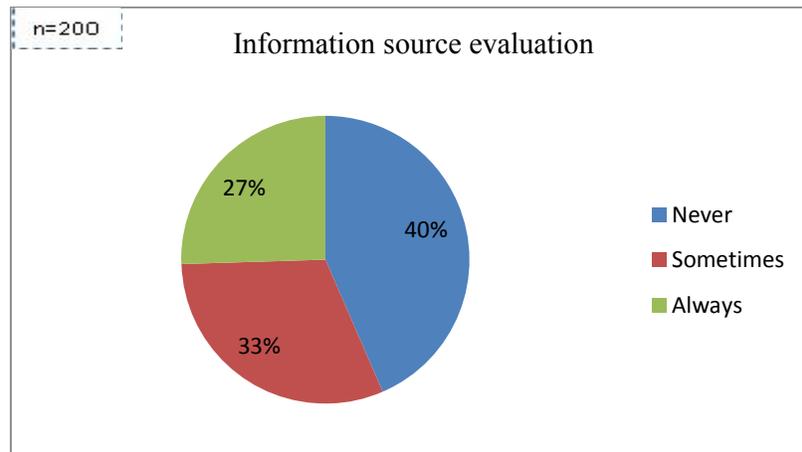
**Table 3. Distribution of respondents according to the use of information sources for seeking information on household health and hygiene practices (n=200)**

Information sources	Household health and hygiene practices									
	Cleaning of various household items		Cleaning agent for cooking shelves and cooking stoves		Cleaning and use of kitchen napkins		Disposal of waste		Control of insects and pests	
	Mean %	Rank	Mean %	Rank	Mean %	Rank	Mean %	Rank	Mean %	Rank
Informal	22.9	1	22.4	1	22.3	1	21.1	1	21.5	1
Mass media	5.6	2	4.9	2	4.7	2	4.4	2	4.8	2

\*Multiple responses



**Fig. 2. Level of use of information sources to seek information on household health and hygiene practices**



**Fig. 3. Extent of evaluation of the information sources while seeking information regarding household health and hygiene practices**

### 3.7 Information Seeking-Behaviour of Respondents regarding Household 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.

A close look at data in Table 4 indicated that nearly half of the respondents (50%) were active information-seekers followed by 42 per cent of the respondents who had passive information-seeking behaviour and only 8 per cent respondents were highly active information-seekers for household health and hygiene practices.

**Table 4. Distribution of the respondents according to their ISB regarding household health and hygiene practices (n=200)**

Information-seeking behaviour	f	%
Passive (<1.5)	84	42.0
Active(1.5-2.0)	100	50.0
Highly active(>2.0)	16	8.0

One of the reasons for women's passive information seeking behaviour was that they lack confidence to take decisions independently, and were dependent on their spouse or other male family members for most decisions such as the purchase of cleaning items. The results were in

line with the findings of the study of Routray et al., (2017) [3].

### 3.8 Relationship of Information-Seeking Behaviour with Personal and Socio-Economic Characteristics of the Respondents

Correlation between ISB, and personal and socio-economic characteristics of the respondents was found by calculating correlation coefficient (r value). Data presented in Table 5 indicates that age was negatively correlated with ISB of respondents. It shows that as the age of the women increases, the level of their information seeking behaviour decreases. These findings are in the agreement with the findings of the studies conducted by Routray et al., and Ramrao [3,8].

Family type was also negatively correlated with ISB of the women. The reason behind this can be that as in nuclear family, the responsibility of the hygiene and health of the family is on only one woman in the house and she has autonomy in terms of her power to take decisions on her own, thus they remain active seekers of information. But in joint families, the responsibility of health and hygiene of the family become shared by more members and women become dependent on other members in the family related to health and hygiene related decisions. These results were supported by the findings of the study by Chakrabarti (2012). Education, occupation and mass media exposure of the respondents were found to be positively and significantly correlated 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 level of mass media exposure have higher access to more sources of information. Occupation of women can exert a considerable influence on the probability of seeking information as it provides freedom to move beyond the confines of the household. These findings are in line with findings the findings of Das and Visaria Nayab, Aslam and Kingdon, Ghosh and Gavvani et al., [5,9,10,11,12].

**Table 5. Correlation between information-seeking behaviour and personal and socio-economic characteristics of the respondents (n=200)**

Personal and socio-economic characteristics	r value
Age	-0.1903**
Education	0.1432**
Occupation	0.1208**
Caste	0.0158NS*
Family type	-0.1297**
Family size	-0.0287NS*
Family income	0.0522NS*
Family education	-0.0359NS*
Mass media exposure	0.1733**

\*NS- Non-significant

\*\*Significant at 0.05 level

#### 4. CONCLUSION

The study concluded that majority of the respondents had low information needs for household health and hygiene practices with most cited information need for control of insect and pests. It shows that other household health and hygiene practices are not considered as major issue. Informal sources i.e, family, friends, neighbors and relatives were the most frequently used sources of information as they are easily available. Majority of the respondents never evaluated information sources and were having active ISB regarding household health and hygiene practices. ISB of the respondents was positively correlated with their education, occupation and mass media exposure while family type and age of the respondents were negatively correlated with their ISB. Extension personnel must educate women about practicing the proper health and hygiene practices at household level so that they first feel the need for such information and then can

select the reliable sources for seeking such information.

#### COMPETING INTERESTS

Authors have declared that no competing interests exist.

#### REFERENCES

1. Wilson TD. Model in information behaviour research. *J Doc.* 1999;55:249-70.
2. Nicolaisen J. Compromised needs and the label effect: An examination of claims and evidence. *Journal of the Association for Information Science and Technology.* 2006;60:114-21.
3. Routray P, Torondel B, Clasen T, Schmidt WP. Women's role in sanitation decision making in rural coastal Odisha, India. *PLoS One.* 2017;12(5):e0178042.
4. Ezeh CC, Ezeh OH. Perception and information seeking behaviour of rural households towards health promoting practices in Maigana District of Kaduna State, Nigeria. *OJMP.* 2017;6:233-42.
5. Ngcobo Z. Health information seeking behavior of women in rural Swaziland. Ph.D. dissertation. University of Pittsburgh, Pennsylvania, U.S; 1994.
6. Rutakumwa W, Krogman NT. Women's health in rural Uganda: problems, coping strategies and recommendations for change. *CJNR.* 2007;39(3):104-25.
7. Iyalombe GS, Iyalombe SI. Health seeking behaviour of rural dwellers in Southern Nigeria: Implications for healthcare professions. *International Journal of Tropical Disease & Health.* 2012;2:62-71.
8. Ramrao UG. Communication behaviour of extension specialist of Northern Agricultural Universities. Ph.D. Dissertation. Punjab Agricultural University, Ludhiana, India; 2007.
9. Nayab D. Health-seeking behaviour of women reporting symptoms of reproductive tract infection. *Pak Dev Rev.* 2005; 44(1):1-35.
10. Aslam M, Kingdon G. Parental education and child health: Understanding the pathway of impact in Pakistan; 2010. (Accessed on 11-05-2017)

- Available:<http://www.ideas.repec.org/aeee/wdevel/v40y2012i10p2014-2032.html> on
11. Ghosh S. Socio-economic factors influencing utilization of maternal health care in Uttar Pradesh. Soc Change. 2004; 34:61-71.
  12. Gavvani VZ, Qeisari E, Jafarabadi MA. Health information seeking behaviour (HISB): A study of a developing country; 2013. (Accessed on 27-02-2016) Available:<http://digitalcommons.unl.edu/libphilprac/902>

---

© 2019 Kaur et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

*Peer-review history:*  
*The peer review history for this paper can be accessed here:*  
<https://sdiarticle4.com/review-history/51696>