



# A study of Health Information Seeking Behavior among Adolescents of Deprived Areas of Uttar Pradesh

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## ABSTRACT

Information is a core component of knowledge to enhance the productivity, efficiency and performance. However, information seeking behavior depends mainly upon availability, accessibility, and media exposure. Media buying attitude and media preferences are influenced by the quality of information seeking behavior. The environmental influence on perception needs channelization in regard the magnitude of usefulness of information. The present study is focused on health development information amongst adolescents of rural areas of Sitapur and Unnao districts. This survey was conducted on randomly selected 320 Adolescents of deprived rural areas. The results depicts the most prominent health information is accumulated mainly on interpersonal interactions between friends, neighbors and family which are basically based on health department instructions. The main conclusion is the need to seek and use the health information in various ways, directly or indirectly. Indirectly, when an individual is passively receiving information from the media or from a person, and this includes the passive search category. While, directly is when a person intentionally aims to seek out for health information through various ways, such as, inquiring to a person, health care institution, doctors, ANM/ ASHAs, or to other health information sources, including obtaining information from the media.

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## Introduction

Health information seeking behavior is constantly dependent upon the societal and individual health-related changes. The desire for more information and rising Health information seeking behavior supply channels confers advantages on individuals in the current climate of personal healthcare management, particularly in terms of chronic conditions, as such behavior can contribute to an individual's ability to cope with and accept the emotional, physical and psychological changes that long-term health concerns may bring about. Health information seeking behavior provides not only a means for ensuring that the maintenance of ongoing health issues can be actively promoted and pursued but also a higher demand for and provision of health information allows for preventive behaviors to enter the mainstream of the health debate (Lambert and Loisel, 2007).

Preventive measures serve to reduce the onset of ill-health, including chronic illnesses, and they enable an individual both to take charge of their health and to be increasingly accountable for keeping their health status strong. It has been argued that many chronic ailments are preventable through behavioral change, suggesting that the costs associated with these can be reduced through their effective management, a situation that Health information seeking behavior can promote (Lambert and Loisel, 2007; Johnson and Case, 2012).

Uttar Pradesh, India's most populous state continues to face the challenge of reducing its maternal and infant mortality rates. Health services are provided to its rural areas through a public health system that employs a large number of health care workers at the village, block, district, and state levels.

It is important to assess health information needs and to understand the process of information flow within the health system in Uttar Pradesh. The barriers to accessing and sharing information within the health system need to be identified. Mapping detailed information needs can feed into the design of needs-based knowledge management systems that can substantially improve health systems, sexual & reproductive, maternal, and child health indicators.

## Objectives of the Study

The present study has been conducted keeping the following main objectives:

- 1 To assess the health information needs of the Adolescents.
2. To identify the existing communication gaps in the mentioned area.

## Methodology

Present study is empirical in nature and based on mainly on primary data collected through field survey. The study is confined to the Adolescents of rural areas of the Sitapur and Unnao Districts. In all 160 respondents will be selected from each District. Thus, the sample of the study will be 320. The data were checked, edited and processed with the help of SPSS package for drawing out results, inferences and conclusions

## Results

This section deals with burden of diseases, treatment, and health practices, etc. A large proportion of respondents reported that they are bearing the burden of fever (38.7 per cent), cough and cold (25 per cent), malaria (8.7 per cent), jaundice (5.9 per cent) and diarrhea (8.4 per cent). The proportion of respondents reporting high prevalence of fever, and diarrhea was reported high in Sitapur district.

**Table 1. Major diseases prevalent in villagers.**

Districts	Fever	Cough & Cold	Malaria	jaundice (Pelia)	Haiza	Diarrhea	TB	Leprosy	Cancer	HIV/AIDS	Dysentery	Paralysis	Hathi Pany (Phylaria)	Hepatitis	Total
Sitapur	66 (41.3)	30 (18.7)	13 (8.1)	2 (1.2)	0 (0.0)	16 (10.0)	0 (0.0)	1 (0.6)	4 (2.5)	1 (0.6)	7 (4.4)	3 (1.8)	12 (7.5)	5 (3.1)	160 (100.0)
Unnao	58 (36.2)	51 (31.8)	15 (9.4)	17 (10.6)	0 (0.0)	11 (6.9)	1 (0.6)	0 (0.0)	0 (0.0)	1 (0.6)	3 (1.8)	0 (0.0)	0 (0.0)	3 (1.8)	160 (100.0)
Total	124 (38.7)	81 (25.3)	28 (8.7)	19 (5.9)	0 (0.0)	27 (8.4)	1 (0.3)	1 (0.3)	4 (1.2)	2 (0.6)	10 (3.1)	3 (0.9)	12 (3.7)	8 (2.5)	320 (100.0)

Source: Field Survey, 2015.

Similarly, the proportion of respondents having burden of jaundice and malaria was reported high in Unnao. The proportion of respondents bearing the burden of Cough & Cold was reported in Unnao (31.8 per cent) (Table 1).

About 55 per cent respondents reported that they are depending on home treatment. Home treatment is basically AYUSH including Ayurveda, Naturopathy, and Homeopathy. The proportion of respondents depending on home treatment was found significantly high in Unnao. Again, about 21 per cent respondents further revealed that they are taking services of local registered and unregistered health practitioners. Only 10 per cent respondents admitted that they are taking allopathic treatment from doctors. It was found more pronouncing in Sitapur (Table 2).

**Table 2. Mode of Treatment.**

Districts	Home Treat	AYUSH	Dora Dhaga	Jholachhap Doctor.	Homeopathic/ Unani Or	Allopathic Medicine	Don't Do Any Thing	Total
Sitapur	81 (50.6)	35 (21.8)	7 (4.3)	3 (1.8)	13 (8.1)	17 (10.6)	4 (2.5)	160 (100.0)
Unnao	93 (58.1)	26 (16.2)	10 (6.2)	8 (5.0)	6 (3.7)	15 (9.3)	2 (1.2)	160 (100.0)
Total	174 (54.3)	61 (19.0)	17 (5.31)	11 (3.4)	19 (5.9)	32 (10.0)	6 (1.8)	320 (100.0)

Source: Field Survey, 2015.

The awareness regarding health related information is shown in Table 3. The awareness was reported significant in case of Family Planning methods while it was found low in case of Vaccination, Women & Child Health and Reproductive & Sexual Health. There is marked variations in the awareness of family planning methods across the districts.

**Table 3. Awareness of Health related Information.**

Districts	Family Planning Methods	Vaccination	Malnutrition	Women & Child Health	Reproductive & Sexual Health	Sanitation	HIV/AIDS	Hepatitis	Total
Sitapur	71 (44.3)	48 (30.0)	10 (6.25)	14 (8.75)	4 (2.5)	9 (5.6)	4 (2.5)	0 (0.0)	160 (100.0)
Unnao	63 (39.3)	59 (36.8)	7 (4.3)	13 (8.1)	6 (3.75)	10 (6.25)	2 (1.25)	0 (0.0)	160 (100.0)
Total	134 (41.8)	107 (33.4)	11 (3.43)	27 (8.4)	16 (5)	19 (5.9)	6 (1.8)	0 (0.0)	320 (100.0)

Source: Field Survey 2011.

**Table 4. Need of Health Related Information.**

Districts	Yes	No	Total
Sitapur	126 (78.7)	34 (21.2)	160 (100.0)
Unnao	146 (91.2)	14 (8.7)	160 (100.0)
Total	272 (85.0)	48 (15.0)	320 (100.0)

Source: Field Survey 2015.

Those respondents who felt the need of health related information further reported that they need information for cold cough and fever, disease related information, Reproductive and Sexual Health, weakness, Hepatitis and HIV AIDS. However, the needs of information vary across the districts (Table 5).

Sources of information are shown in Table 6. Majority of the respondents reported that they are receiving information from Interpersonal relationship, concerned department, newspapers, radio, interpersonal communication and television. Again 39 per cent respondents revealed that they are providing information through Health Department and ANM/ASHA. About 27 per cent respondents further reported that they are channelizing the information through newspapers. About 2/5<sup>th</sup> respondents also revealed that they are providing information through television while less than half of the respondents said that they are channelization information through radio. Only 3.1 per cent respondents said that they channelize information through internet

**Table 5. Type of Health Related Information Needs.**

Districts	Cold-Cough And Fever	Disease Related	Reproductive and Sexual Health	Weakness	Hepatitis	HIV/ AIDS	Total Out Of
Sitapur	14 (17.7)	47 (59.5)	6 (7.6)	5 (6.3)	2 (2.5)	5 (6.3)	79 (100.0)
Unnao	11 (16.2)	33 (48.5)	8 (11.8)	9 (32.2)	4 (5.9)	3 (4.4)	68 (100.0)
Total	25 (17.0)	80 (54.4)	14 (9.5)	14 (9.5)	6 (4.0)	8 (5.4)	147 (100.0)

Source: Field Survey 2011.

**Table 6. Source and Channel of Information.**

Districts	Interpersonal relationship/ Health Department ANM/ASHA	News paper	Radio	Mobile	TV	Internet/ computer	N
Sitapur	66 (41.2)	48 (30.0)	28 (17.5)	6 (3.7)	10 (6.2)	2 (1.25)	160 (100.0)
Unnao	61 (38.1)	41 (25.6)	40 (25.0)	4 (2.5)	13 (8.1)	1 (0.9)	160 (100.0)
Total	127 (39.6)	89 (27.8)	68 (21.2)	10 (3.1)	23 (7.2)	3 (0.93)	320 (100.0)

Source: Field Survey, 2011

Majority of the respondents reported that they want to receive information through News paper. About 41 per cent respondents revealed that they are reading newspapers regularly and from various sources while 25 per cent respondent reported that they want to receive information through health department. Only 18.7 per cent respondents listening radio reported that they are listening radio regularly and they need of seeking behavior through radio. About 3/4th respondents revealed that they would like to receive information by mobile. The use of computers was found as low as 2 per cent among the development functionaries.

**Table 7. Need of Health related Information Channels.**

Districts	News paper	Health Department ANM/ASHA	Radio	Mobile	TV	Internet/ computer	N
Sitapur	71 (44.4)	37 (23.1)	32 (20.0)	11 (6.9)	5 (3.1)	4 (2.5)	160 (100.0)
Unnao	63 (39.4)	43 (26.9)	28 (17.5)	14 (8.7)	7 (4.3)	5 (3.1)	160 (100.0)
Total	134 (41.9)	80 (25.0)	60 (18.7)	25 (7.8)	12 (3.7)	9 (2.9)	320 (100.0)

Source: Field Survey, 2015

### Discussion

The above analysis simply demonstrates that need of seeking information related to health related programmes like vaccine, nutrition Family planning methods and Viral infected diseases and social development programmes. The adolescent are found interested in seeking information pertaining to criteria, procedure and benefits of various health related information Most of the adolescent are depend home treatment and registered and unregistered health practitioners for treatment of minor ailments.

The respondents were asked some questions pertaining to health issues.

Most of the respondents were found aware about the health issues however, a large segment of the respondents were found unaware about the health issues as they reported false facts. The awareness level was found low in case of

nutrition, vaccination, breastfeeding, Reproductive and sexual health and some viral infection diseases & personal hygiene..

The respondents have availability, accessibility and exposure to media which is very much useful to the Adolescents for information needs. They were reading newspapers, listening Radio and watch television for seeking information for social development programmes as well Health related programmes

In the health sector, Adolescents need, seek, and use health information in various ways, directly or indirectly. Indirectly, when an individual is passively receiving information from the media or from a person, and this includes the passive search category. While, directly is when a person intentionally aims to seek out for health information through various ways, such as, inquiring to a person, a health care institution, a doctor, a midwife, or to other health information sources, including obtaining information from the media.

Despite the availability of various medical facilities in the community, in reality, the living conditions of the people regarding their orientation, action, and behavior towards health are still unsatisfactory. Many of the community members still do not act or behave according to the norms of healthy life, for themselves as well as for social health.

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