



## Health Information Needs, Sources Availability and their use by Elderly People in South India: A Case Study of Kalagi, A Gram Panchayat in Chittapur Taluk of Gulbarga District, India

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### Abstract

*The study explores the health information needs, information sources availability and their use by elderly people living in a rural place situated in South India. Data was collected using structured interview schedule. Majority of the respondents were male, aged above 60 years and belonged to schedule caste and schedule tribes. Most frequently mentioned health information needs are that of typhoid fever (94.55%), HIV/AIDS (93.64%), cholera (91.82%) and asthma (90.91%). 89.09 percent of respondents need health information about malaria and pox. Community health centers (93.64%), Anganwadi centers (98.18%) and Doctors (95.45%) were the sources available for getting health information followed by nurses (87.27%), Panchayat libraries (81.82%) and neighbors. Medical stores, family members and posters were used by more than 60 percent of the respondents. The present study is of exploratory nature; further research is required to know the health information seeking behavior of elderly in rural setting.*

**Keywords:** Health information, Health information seeking, User studies.

### Introduction

Information is needed in every field of human thought and action. People need information to make the best decision possible. In day-to-day life people need information to select a garment, vote for a candidate, evaluate career opportunities, select a course, plan meals, choose a doctor and so on. The list of such activities in day-to-day life is endless. In each of the day-to-day activities, decisions are to be made and information is needed to take the decisions by all age groups. Elderly people need health information as their responsibilities widens as head of the family in the Indian society. Quality of life of elderly people depends on the biological health issues and the social context of elderly people. Old age heralds a period of deprivation for those who lack access to social and economic resources including access to education, nutrition and health care.

**Literature Review:** Chakraborti in his classic book on age and ageing states that Asia has the world largest numbers of elderly people in the world. India's elderly population (defined as people aged 60 and above) comprises of 8.1 percent of the total population. The proportion of elderly people in the total population has important implication for policymakers as they have different experiences and problems. Elderly people face many challenges due to inaction on many fronts like education, health, social security and the generation of decent work<sup>1</sup>.

Lambert and Loiselle critically reviewed the scientific literature from 1982 to 2006 on the concept of health

information seeking behavior (HISB). The authors reviewed approximately 100 published articles and five books reporting on HISB. The aim of the review was to determine its level of maturity and essential characteristics of health information seeking behavior. It was found that HISB is a popular concept used in various contexts; most HISB definitions provided little insight into the concepts specific meaning. Health information seeking behavior was broadly viewed as the way by which individuals obtained information about health, illness, health promotion and risks to health<sup>2</sup>. Mukherjee and Bawden reported a study that investigated the everyday health information-seeking practices of a small group of the general public and the implications for information-seeking theory and health information provision. Individuals used other sources of health information (e. g., TV, radio, newspapers, magazines, Internet, and family/friends/coworkers) to supplement information provided by healthcare professionals<sup>3</sup>. Cutilli discussed when and how individuals use supplemental information. It is found that many factors such as race, education, income, health literacy and health status are associated with health information seeking. Utilizing health information also depends on an individual's health orientation<sup>4</sup>.

Many studies have been reported on health information seeking behavior of disease specific groups Lambert, Loiselle, and Macdonald<sup>5,6</sup>, Petty<sup>7</sup>, Strohschein, Bergman, Carnevale, and Loiselle<sup>8</sup>. Very few studies Manafo and Wong<sup>9,10</sup> were reported at international level to know the health information needs of the older people. No studies were reported from India to study the health information needs and sources at the

disposal of elderly people. This study provides an exploratory view of what elderly people need regarding their health, the sources availability and their use to meet their health information needs.

**Objectives of the Study:** The objectives of the study are to: i. understand about the health information needs, ii. identify information sources used and the challenges faced in using these to meet their health information needs, iii. understand the nature and extent of health information status, suggest ways of improving access and use of existing information facilities and iv. know the effectiveness of existing information provision practices for elderly in a rural village, Kalagi, a Gram Panchayat in Chittapur Taluka of Gulbarga District, Karnataka State.

### Methodology

**Study location, design and sampling:** For the present study we selected a rural place, Kalagi, a Gram Panchayat in Chittapur Taluka of Gulbarga District. For the 2013 General Assembly elections, Kalagi is included in the Chincholi Constituency. As per the voter's list Kalagi is divided in to six wards, i.e. Ward No 173, 174, 175, 176, 177 and 178. Total voters of Kalagi comprise 5535 out of which 2807 are males and 2728 are females. In the present study convenience sampling method is employed and voters with the age of 60 and above are considered. A total of 120 elderly people were selected.

**Data collection methods and instruments:** Structured interview schedule consisting of closed and open ended questions was used to collect data from the elderly people in the village. The Interview schedule was divided into four sections: section 1 and 2 elicited information about the respondent's demographic and socio-economic characteristics. Section 3 focused on health information needs of the respondents. Section 4 was related to the information sources used and the barriers faced by elderly people in using the sources of information. Assistance was taken from two Anganwadi teachers in the administration of interview. Since the population under study was elderly people, interview was conducted in local language by the Anganwadi teachers.

### Results and Discussion

In order to determine the results of this study, the answers were tabulated and statistically computed. Frequencies and percentages for each variable is given in the following tables. One hundred and twenty elderly people were selected for interview with equal chances for male and female. Out of which ten people refused to be interviewed so only one hundred and ten interviewees were interviewed. The demographic characteristics of the elderly are shown in table-1.

**Table-1**  
**Demographic characteristic**

Variables	Frequency	Percentage
<b>Gender</b>		
Male	66	60
Female	44	40
Total	110	100
<b>Age</b>		
60-65	54	49.1
66-70	31	28.2
71-75	08	7.3
76-80	13	11.8
81-85	04	3.6
Total	110	100
<b>Caste</b>		
General	14	12.70
OBC	45	40.90
SC and ST	51	46.40
Total	110	100
<b>Occupation</b>		
Pensioner	07	6.40
Agriculture	21	19.1
Business	24	21.8
Self Employed	12	10.9
Others	46	41.8
Total	110	100

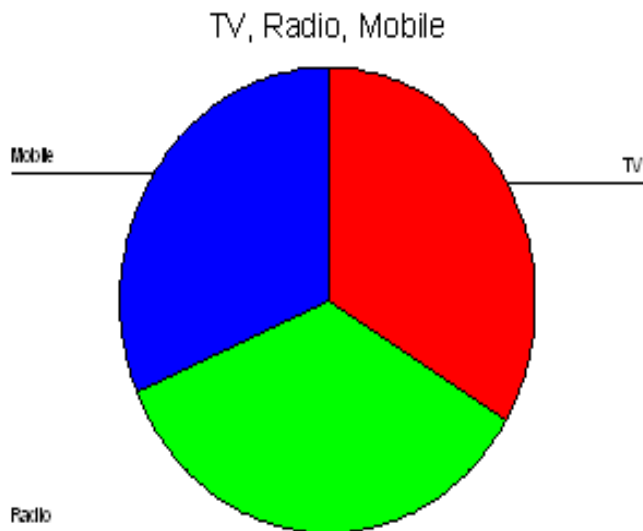
**Table-2**  
**Socioeconomic characteristics**

Variables	Frequency	Percentage
<b>Level of Education</b>		
Below Matric	8	11.27
Matric	13	18.31
Intermediate	28	39.44
Graduate	21	29.58
Post Graduate	1	1.41
Missing	39	
Total	110	100
<b>Income Per Months ( In Rs)</b>		
Below 5000	39	35.5
5001-10000	46	41.8
10001-15000	7	6.4
15001-20000	17	15.5
Above 20001	1	0.9
Total	110	100
<b>Household</b>		
Own house	52	47.27
Rented house	48	43.64
Huts	9	8.18
Other Family	1	0.91
Total	110	100

Sixty percent of the elderly are males, while forty seven percent belong to schedule caste and schedule tribes followed by other

backwards classes comprising about 41 %. Majority of the respondents are between the age 60 and 85 years, with a mean age of 67.51 SD = 6.63. Most of the elderly are engaged in their family occupation followed by business (21.80%), agriculture (19.10%) and very few are pensioners (6.40%). Socioeconomic characteristics of elderly are shown in table-2.

Forty percent of the elderly literates have studied up to intermediate, followed by graduation (29.58%), matric (18.31%) and below matric (11.27%). Majority of the elderly reported earning of their family between Rs 5000 and Rs 10000 per month. A very few of the elderly people earned Rs 10000 to 15000 and above monthly. Around forty seven percent of the elderly were living in their own houses followed by rented houses (43.64), huts (8.18) and 0.91 of them were reported to be living in huts and cohabiting with their family houses respectively.



**Figure-1**  
 Ownership of electronic media

Ownership of devices of electronic media is shown in figure-1. It is seen that eighty eight percent of the elderly own a mobile handset, followed by TV (79%) and radio sets (73%).

**Health information needs of elderly people:** Health information needs of the elderly were examined. These needs pertain to diseases such as diabetes mellitus, HIV/AIDS, typhoid fever, cholera, malaria, tuberculosis, pox, infertility, hypertension, body ache, immunization, cough and cold, fever, skin diseases, family planning, eye problems, arthritis and asthma. Table-3 shows that the most frequently mentioned health information need is typhoid fever (94.55%), HIV/AIDS (93.64%), cholera (91.82%) and asthma (90.91%). Eighty nine percent of elderly need health information about malaria and pox. Seventy eight percent required information on eye problems followed by diabetic information (74.55%), skin diseases (45.45%), immunization (42.73%) and arthritis (41.82%). Relatively less number of elderly people needs other type of health information

**Table-3**  
 Health information needs

Health Information Needs	Need		Don't Need	
	Frequency	Percent	Frequency	Percent
Diabetes	82	74.55	28	25.45
HIV/AIDS	103	93.64	7	6.36
Typhoid Fever	104	94.55	6	5.45
Cholera	101	91.82	9	8.18
Malaria	98	89.09	12	10.91
Pox	98	89.09	12	10.91
Measles	36	32.73	74	67.27
Tuberculosis	32	29.09	78	70.91
Hypertension	20	18.18	90	81.82
Body pain	21	19.09	89	80.91
Immunization	47	42.73	63	57.27
Cough and Cold	44	40.00	66	60.00
Skin Diseases	50	45.45	60	54.55
Infertility	45	40.91	65	59.09
Family Planning	34	38.19	75	68.81
Pregnancy	90	81.82	20	18.18
Eye Problems	86	78.18	24	28.82
Arthritis	46	41.82	64	58.18
Blood Pressure	36	32.73	74	67.27
Asthma	100	90.91	10	9.09

**Table-4**  
**Availability and use of health information sources**

Health Information Sources	Available %		Use %	
	Yes	No	Yes	No
Community Health Centre	93.64	6.36	93.36	6.64
Primary Health Centre	45.45	54.55	62.32	37.68
Anganwadi Centre	98.18	1.82	99.09	0.91
Private Clinic	36.7	63.3	44.29	55.71
Doctors	95.45	4.55	93.58	6.42
Nurses	87.27	12.73	91.67	8.33
Health Workers	44.55	55.45	53.33	46.67
Medical Stores	68.18	31.82	73.96	26.04
Friends	45.87	54.13	40.00	60.00
Relatives	29.36	70.64	40.3	59.7
Family Members	65.45	34.55	70.65	29.35
Neighbours	76.15	23.85	71.43	28.57
Radio	60.00	40.00	61.59	38.41
TV	40.00	60.00	52.00	48.00
Mobile	29.91	70.29	22.95	77.05
Newspapers	40.91	59.09	57.14	42.86
Magazines	48.18	51.82	56.96	43.04
Posters	67.27	32.73	63.74	36.26
Handbills	19.09	80.91	26.56	73.44
Panchayat Libraries	81.82	18.18	86.54	13.46

**Availability and use of health information sources:** Table-4 reports the availability and use of the sources. Community health centers (93.64%), Anganwadi centers (98.18%) and Doctors (95.45%) were the available sources for getting health information followed by nurses (87.27%), Panchayat libraries (81.82%) and neighbors. More than sixty percent of the elderly use medical stores, family members and poster. Radio and TV were respectively used by sixty percent and forty percent of the elderly people for getting health information. Elderly people sourced health information from printed sources like posters (67.27%), magazines (48.18%), newspapers (40.91%) and handbills (19.09%).

**Challenges faced by the elderly people in using the health information sources:** Elderly people were asked to indicate the barriers they encountered in using the information sources. Table-5 shows the percentage of elderly using individual information sources for getting health information. About eighty four percent of the elderly who use primary health centers complained that primary health center is too far. More than half of the elderly people did not know what

information is available with neighbors (55.26%), family members (52.94%), relatives (50.06%) and friends (45.05%) relating health.

The study has addressed the question of the health information needs and information sources availability for elderly community in rural setting. It is clear from the findings of the study that elderly people need health information related to specific diseases. There are sources of health information available at their disposal but it is necessary to educate about the health information sources available at their disposal and increase the use of available sources to meet their health information needs.

India has implemented National health policy on senior citizens since 2011. Many steps for the betterment of senior citizens in the country have been taken. Healthcare needs of senior citizens are on high priority. Still there is a need for policy makers to make adequate provision of health information specifically targeted at elderly people in rural village, Gram Panchayat, Taluka, District and State level.

**Table-5**  
**Challenges faced in using health information sources**

Health Information Sources	Challenges (%)				
	1	2	3	4	5
Community Health Centre	75.47	9.43	1.89	7.55	5.66
Primary Health Centre	83.87	2.15	2.15	4.3	7.53
Anganwadi Centre	12.73	5.45	9.09	21.82	50.91
Private Clinic	63.64	3.41	5.68	6.82	20.45
Doctors	52.24	5.97	7.46	1.49	32.84
Nurses	8.06	9.68	27.42	14.52	40.32
Health Workers	3.9	11.69	16.88	10.39	57.14
Medical Stores	33.77	18.18	7.79	10.39	29.87
Friends	6.59	45.05	1.1	4.4	42.86
Relatives	1.09	50	1.09	3.26	44.57
Family Members	0	52.94	4.71	0	42.35
Neighbours	0	55.26	3.95	5.26	35.53
Radio	1.16	30.23	15.12	12.79	40.7
TV	1.1	13.19	4.4	8.79	72.53
Mobile	0	16	5	2	77
Newspapers	2.15	15.05	7.53	2.15	73.12
Magazines	3.33	11.11	6.67	11.11	67.78
Posters	3.45	13.79	13.79	13.79	55.17
Handbills	16.3	13.04	5.43	7.61	57.61
Panchayat Libraries	40.79	9.21	5.26	6.58	38.16

Note : 1=Too far, 2= Don't Know what services offered, 3=Poor services offered,4=No Time, 5= Others

### Conclusion

What has emerged in this study is strong evidence that elderly people in rural areas are deprived of adequate information sources to guide their health choices. Health needs and challenges faced are merely disease oriented. The present study is exploratory in nature and further research is essential to study the health seeking behaviour of elderly people in a rural setting. The results of the study helps policy makers in further meeting health information needs of the elderly community.

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