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Rural Tribal Women's Health Information Sources and Seeking Behaviour: A study of Kangpokpi in Manipur, North East India.

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Abstract

To identify the health information sources and seeking behaviour of the tribal rural women of Kangpokpi in Manipur, a north eastern state of India, 42 married women of child bearing age are randomly selected for the study. Descriptive Statistics is used to analyse the data. The study found that health information sources used most frequently by the women are the State Government-run Community Health Centre (CHC), the Pharmacy, Private Doctors, and Specialist Doctors in order of their preferences. However, the women also chose non-scientific forms of treatment and informal health information sources like Family members, Friends, Priest, etc. as their highly trusted health information sources. The study also attempts to find the barriers faced by these tribal women while accessing their health information needs.

Keywords:

Rural Women, Tribal Women, Health Information Sources, Women Health Information Seeking, Barriers of Health Information Seeking, Women Health Decision Making, India.

Introduction

Webster (1913) defined health as the state of being hale, sound, or whole, in body, mind, or soul; especially, the state of being free from physical disease or pain (*http://www.webster-dictionary.org/definition/health*). Health is defined as the state of being free from illness or injury (Waite, 2014). Information can be defined as any fact, or set of facts,

knowledge, news, or advice, whether communicated by others or obtained by personal study and investigation; any datum that reduces the uncertainty about the state of any part of the world; intelligence; knowledge derived from reading, observation, or instruction (Webster, 1913). In simple words, Health information can be defined as meaningful data, knowledge, facts concerning the physical, mental, social, spiritual well-functioning of a person, gathered through study and research and which are communicable through various communication channels. Many studies on health information are consulted but there is no convincing or conclusive definition of health information (Few examples of such studies are Connell, & Crawford, 1988; Duhl, 2000; Fallis & Frické, 2002; Harris & Wathen, 2007; Hsieh & and Lin, 1997; Nancy, Apter, Kuchta, & Greenhouse 2010; Wiltshire, Cronin, Sarto, & Brown, 2006). Therefore, the definition of health information is derived from dictionaries and encyclopedias.

"Medical professionals are not the only ones providing health and medical information. Specific information regarding the importance of preventative care and regular health monitoring as well as the symptoms and treatment of chronic diseases can be delivered through alternate sources. Print and broadcast media, churches, community groups, family and friends, and the Internet are all sources of health and medical information"**(**Livingston, Minushkin & Cohn, 2008). Health related information can be found through different kinds of media such as Printed media: Newspapers, Magazines, Books, etc. Electronic media: Internet, Television, Mobile Phones, etc. Health institutions like Hospitals, Private Health Clinics are also another forms of Health Information Sources. Health Information Sources can also be persons like the Doctors, Nurses, Health Workers, or interpersonal sources including Friends and Family, Community Organizations, and Healthcare Provider (Redmond, Baer, Clark, Lipsitz & Hicks, 2010). Some of the mentioned health information sources also act as health information communication channels by acting as medium in communicating the health information to people. Therefore, the different types of media which contain various kinds of health related information are also known as health information sources.

Information seeking may be understood as the purposeful activities of looking for information to meet a need, solve a problem, or increase understanding (David, 2007). In the words of Wilson (2000), Information Seeking Behaviour is the purposive seeking for information as a consequence of a need to satisfy some goal. In the course of seeking, the individual may interact with manual information systems (such as a newspaper or a library), or with computer-based systems (such as the World Wide Web). Information seeking behaviour is a person's behaviour involving all the aspects of his works in searching, communicating and

generating the relevant information in-order to satisfy his information needs. Likewise, health information seeking behaviour can be defined as the processes involved in seeking information on health from the relevant sources and channels.

Literature Review

In identifying the popular and commonly used information providers, rural villagers were asked to identify the sources they turned to, whenever they needed information to solve a problem or make a decision. In the absence of formal information sources, the rural villagers turn to non-traditional and informal sources of information such as tribal authorities, personal sources (friends, acquaintances, and relatives), etc. The author went on to say that these information sources can also be channels of information (Maepa, 2000). The study clearly shows the inadequacy of formal health information sources such as health institutions, health professionals. In a study conducted by Wiltshire, Cronin, Sarto & Brown, (2006), women obtained the majority of their health information from books/magazine/other source and the least amount of health information from health care professionals/health care organizations. The reason could be because of the in-adequate services of the health care professionals and health care organisations. In another study conducted by Olaleye & Bankole (1994), it is seen that women who have heard or seen advert on contraceptive brands, and women who favoured broadcast of family planning messages in the media, are significantly more likely to adopt birth control behaviour than women who had not heard or seen, and women who do not favour broadcast of such media messages, respectively. The different choices of women health information sources are related to adoption of health schemes. One cannot rule out that women with no perceived choice of health information sources are being influenced by the availability, accessibility, and popularity of the health information sources.

Johnston, Ved, Lyall, & Agarwal, (2003) made the finding that women who experienced abortion complications generally first sought care from un-trained or inadequately trained providers in their village. But when their medical condition worsened, some of the women sought the services of providers who were more qualified but less affordable or less conveniently located. The study highlights how medical cost and distance effect the nature of seeking women's health care/ information needs. The study emphasises the need to strengthen links between rural, village-based providers and the formal health care system, to help women avoid unsafe abortion by using contraceptives and accessing safe abortion care and receive appropriate and timely treatment for complications. Rani and Bonu (2003), Nayab (2005) are

of the opinion that the proportion of seeking care varied significantly according to location and by socioeconomic and demographic group. Even though major part of women health problems is related to the reproductive system, very few women sought medical treatment for gynaecological symptoms, and these small number of women prefer private and non-governmental medical practitioners including un-licentiate traditional healers. This indicates the necessity to convince them to access the state run medical systems.

Patrick and Ferdinand (2016) found that unavailability of library resources is the major barrier to the access of information by respondents with 98%, illiteracy with 76% of respondents, language barriers with 66% respondents, lack of time with 58% of respondents and high cost of electronic gadgets with 33% of respondents. Apart from the above mentioned above, poverty is also found to be another barrier for accessing proper health care by the rural women of Lagos, Nigeria (George, 2018). Gate-Keeping is viewed as a barrier on rural women's prompt seeking of modern health treatment for themselves and their children in some villages of Upper East Region of Ghana, where a total of 2,856 women were interviewed. Only 14.5% said they do not require authorisation from any man in their compound before attending a hospital, while 38.2% and 38.3% need authorisation from their husbands and compound heads respectively. Compound gate-keeping systems thus characterize the nature of these constraints (Ngom, Debpuur, Akweongo, Adongo, & Binka, 2003). Similarly, Barua, & Kurtz, (2001) found that women have almost no role in deciding whether they could seek treatment for gynaecological symptoms. It was their husband who made the decision. In another study conducted by Kyomuhendo, (2003), the author indicated that many mothers in the study area did not utilise available maternity services. Most of them sought advice or treatment when the symptoms became clearly manifest, persistent or severe. The author says that part of the reason for the poor quality of care for delivery and complications may be linked to the comparative lack of resources of rural health districts as well as to women's lower status in Ugandan society, especially rural women. In the words of Chen, Liu, & Xie, (2010), the prevalence in a rural community of return migrant women in China, especially those who had been living in a large city has positive effects on rural women's desire for a one-child family without son preference and on knowledge of self-controllable contraceptive methods. Moursund & Kravdal (2003) also found that a woman's probability of using contraception is found to be influenced not only by her own education, but also by that of other women in the community such as close neighbours, other women in the village, or women in other parts of the country, and they may be women of the same or a different age. The literatures point out that the presence of trusted

source can overcome the barriers of health information seeking mentioned in the literatures such as gate-keeping, poor quality of care, lack of resources, barrier created by the women's low status in the society.

Statement of the problem

Living in rural areas poses special challenges (and opportunities) for the significant health information intermediary role that women enact (Wathen & Harris, 2007). The health information seeking behaviour of the rural women are affected by many factors like education, social status, etc. The services provided through a network of government hospitals, dispensaries, and primary health centre do not reach or remain underutilized by women. Due to these problems, the core sources of health information in rural areas are the informal sources such as family members, relatives, friends, and sources from within the community such as village elders, traditional healers, etc. (Saleh & Lasisi, 2010; Patrick & Ferdinand, 2016). In many cases, the rural women had almost no role in deciding whether they could seek treatment for their sicknesses, and need authorisation from their husbands in seeking health information. The husbands seek health information on their behalf. Therefore, their health information needs and other health related needs are seldom met. The study area being rural, similar problems mentioned are faced by the women. The women are mostly house-wives with limited or no income of their own and are also barely educated. Most of the women do not know how or where to access their health information needs. Due to such status of women in the society, in many cases the women have no rights to take their own health decisions and the men/husbands are the ones taking decision for them even in matters relating to their health. There are several health schemes and services provided rural areas by the Central and State Government through the existing Community Health Centre and the neighbouring primary health centres and also through a number of Health Workers. However, these services seem to be underutilized by the rural women. Due to these problems, it is important to identify the other informal sources of health information such as family members, relatives, friends, and sources from within the community such as village elders, traditional healers, etc. which contribute to providing better services in dissemination of women health information.

The present study attempts to examine health information sources and seeking behaviour of women in rural Kangpokpi, Manipur. The study also attempts to find the women's choice of health information communication channels and also the factors acting as barriers in

accessing health information/health care by the rural women. Quantitative method is employed to study the case.

Methodology

The selected site, Kangpokpi, also known as Kanggui, is the principal town of Kangpokpi district in Manipur state and is located about 46 kilometres from the state capital, Imphal. It is a hilly region inhabited by various communities like Nepalese, Biharis, Punjabis, Nagas, Meiteis, where the Kukis are in major tribe inhabiting the study area. The Asian highway 1 passes through the town. The Kangpokpi Census Town has over 1,437 houses, population of 7,476 of which 3,720 are males while 3,756 are females as per report released by census India 2011. Female Sex Ratio is of 1010 against state average of 985 (Census 2011, n.d.). The site is selected on the basis of the researcher's familiarity with the people, the place, knowledge of the mother tongue, and accessibility

Among the total adult (above 18 years) female population of 1735 (Electoral roll, 2015), there are 422 married child bearing women in the study area (calculated from name list of Electoral Roll, 2015). Among these, a sample of 42 married women of child bearing age are randomly selected for the study.

The variables used in the study are health information seeking, health decision making, health information sources, barriers of health information seeking. Based on these variables the questionnaires are constructed using a point 5 scale ranking system, where 1 is the least (never) and 5 the most (most frequently). The questionnaires are distributed randomly among the women for response.

Analysis and Interpretation

The data collected were tabulated and analysed using Descriptive Statistical method as follows:

FREQUENCY OF INFORMATION SEEKING ON VARIOUS DISEASES (n=42)

Diseases	**Mean Ranking**	**No Response**	**Never……..Quite Frequently**				
			Never	**Rarely**	**Sometimes**	**Frequently**	**Quite Frequently**

BODYACHE	4.14	--	--	4.8	11.9	47.6	35.7
HEADACHE	4.00	--	--	--	16.67	66.67	16.67
COUGH/COLD	3.74	0	7.14	2.38	19.05	52.38	19.05
PREGNANCY	3.33	2.4	14.3	4.8	16.7	50.0	11.9
IMMUNIZATION	3.29	2.38	14.29	7.14	19.05	42.86	14.29
TUBERCULOSIS	3.00	2.38	11.9	11.9	35.71	33.33	4.76
HYPERTENSION	3.00	2.4	16.7	11.9	21.4	42.9	4.8
FAMILY PLANNING	2.86	2.4	14.3	16.7	33.3	28.6	4.8
INFERTILITY	2.43	2.38	28.57	23.81	19.05	21.43	4.76
MALNUTRITION	2.38	2.4	21.4	21.4	45.2	9.5	--
MALARIA	2.29	4.76	21.43	23.81	42.86	4.76	2.38
DIABETES	2.21	2.38	33.33	19.05	33.33	9.52	2.38
HIV/AIDS	2.17	2.38	38.1	23.81	16.67	14.29	4.76
SKIN DESEASE	2.12	2.4	33.3	26.2	28.6	7.1	2.4
STD	1.88	2.38	42.86	30.95	14.29	7.14	2.38
TYPHOID	1.88	2.38	38.1	35.71	16.67	7.14	0
CHOLERA	1.45	2.38	59.52	28.57	9.52	--	--
CHICKEN POX	1.31	2.38	69.05	23.81	4.76	--	--

Table 1: FREQUENCY OF INFORMATION SEEKING ON VARIOUS DISEASES IN DESCENDING ORDER

The table shows the frequency of information seeking on various diseases by the women. It is seen that the women seek information mostly on body ache, immunization, cold/

cough, headache, family planning, pregnancy. The main reason behind this can be that the mentioned diseases or illnesses are very common almost everywhere. Even though these diseases are not deadly, they are common and cause a great concern to many people. The table also shows that 38.10 percent of women never sought information on HIV/AIDS and 23.81 percent rarely do. More than 70 percent of the women never or rarely seek information on STDs. The Stigma associated with HIV/AIDS/STD may be the reason that prevents many people from seeking information on these diseases. It is important to provide basic HIV/AIDS education to the women in order to promote awareness and tackle stigma and discrimination. Most women rarely or never seek information on diseases like cholera, chicken pox, skin diseases. Cholera and chicken pox, being already eradicated, may be the reason why the women do not feel the need to seek information on these diseases.

The average percentages of each of the responses, namely, 'no response', 'never', 'rarely', 'occasionally', 'frequently', 'quite frequently' are calculated and the average is worked out and shown in the histogram below.

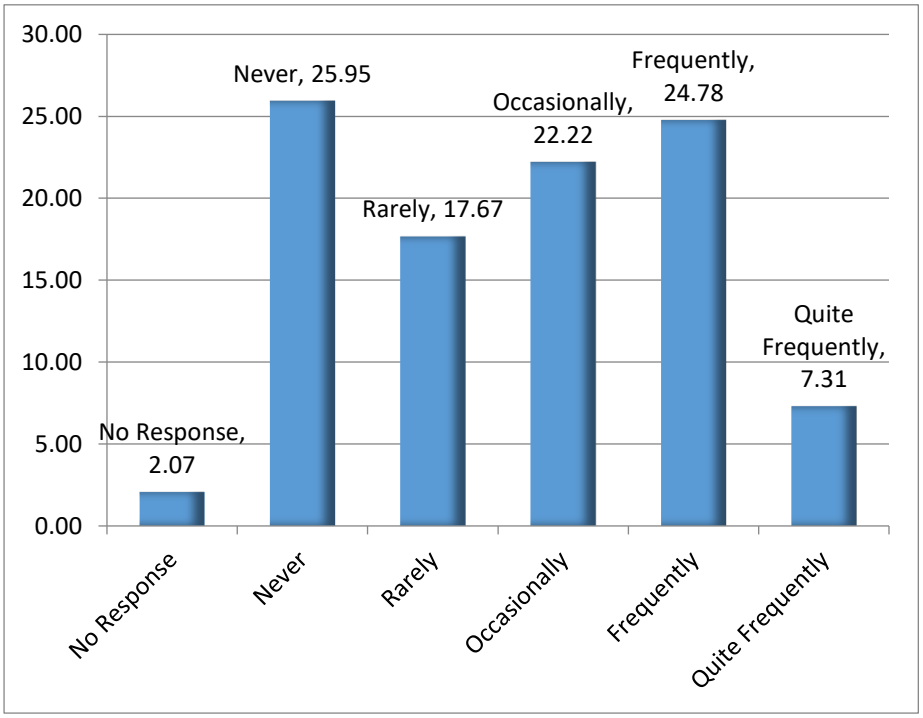

Fig.1: HISTOGRAM SHOWING THE AVERAGE FREQUENCY OF SEEKING INFORMATION OF VARIOUS DISEASES.

The average percentages of each response made by the women on information seeking of various diseases is calculated and displayed in the above histogram. It is clearly seen that majority of the women, i.e. 66.74 percent of them seek information on the various mentioned

diseases. The frequency of the health information seeking varies from rarely to most frequently but at least the women seek information on the diseases.

FREQUENCY OF USE OF INFORMATION SOURCES FOR HEALTH INFORMATION NEEDS (n=42)

Sources	Mean Ranking	No Response	Never…….Quite Frequently				
			Never	Rarely	Sometimes	Frequently	Quite Frequently
CHC	3.88	4.8		9.5	9.5	40.5	35.7
PHARMACY	3.55	4.8	9.5	2.4	14.3	47.6	21.4
SPECIALIST DOCTORS	3.38	4.8	14.3	2.4	14.3	45.2	19
FAMILY	3.29	4.8	11.9	31	38.1	14.3	--
PRIVATE DOCTORS	3.19	4.8	14.3	4.8	21.4	42.9	11.9
NURSES	3.19	4.8	2.4	9.5	35.7	47.6	--
NEWSPAPER/ MAGAZINE	3	2.4	7.1	21.4	28.6	38.1	2.4
TELEVISION	2.95	2.4	4.8	23.8	33.3	35.7	--
PRIESTS	2.67	4.8	21.4	11.9	28.6	31	2.4
FRIENDS	2.45	4.8	11.9	31	38.1	14.3	--
PRIVATE CLINICS	2.43	4.8	23.8	23.8	21.4	23.8	2.4
HEALTH WORKERS	2.26	2.4	28.6	23.8	31	14.3	--
ELDERS	2.21	4.8	31	21.4	23.8	19	--
FAITH HEALERS	2.12	4.8	26.2	31	31	4.8	2.4

TRADITIONAL MIDWIVES	2.1	4.8	31	19	40.5	4.8	--
ALTERNATIVE MEDICINE SELLERS	1.98	4.8	40.5	11.9	38.1	4.8	--
POSTERS	1.98	4.8	33.3	28.6	26.2	7.1	--
DOOR TO DOOR MEDICINE SELLERS	1.86	2.4	38.1	31	28.6	--	--
AN EDUCATED PERSON	1.74	2.4	42.9	33.3	21.4	--	--
HERBAL PRACTITIONERS	1.67	4.8	45.2	31	16.7	2.4	--
MASSEURS	1.67	4.8	42.9	33.3	19	--	--
PHC	1.55	4.8	57.1	26.2	2.4	9.5	--
ANGANWADI WORKERS	1.45	4.8	59.5	26.2	4.8	4.8	--
TRADITIONAL HEALERS	1.45	4.8	59.5	21.4	14.3	--	--
RADIO	1.38	4.8	59.5	28.6	7.1	--	--
RURAL HEALTH CENTRE	1.31	9.5	57.1	26.2	7.1	--	--
QUACKS	1.24	4.8	73.8	14.3	7.1	--	--
CHIEF	1.05	4.8	85.7	9.5	--	--	--

Table 2: FREQUENCY OF USE OF INFORMATION SOURCES FOR HEALTH INFORMATION NEEDS IN DESCENDING ORDER

The frequency of use of various health information sources by the rural women of the study area is shown in the table above. The health information sources used most frequently by the women are Community Health Centre (CHC), the Pharmacy, Private Doctors, and Specialist Doctors. The main reason the high usage of CHC by the women may be because the CHC is a government hospital which means cheap or free check-ups and consultations. The

second reason can be since the CHC is situated in the study area, they do not need to travel far and spend time and money going there. Hence, it is convenient for the women. The women also chose pharmacy as one of the most highly used health information sources. Even though the CHC is chosen as one of the most frequently used health information source, it is found that the women also frequently visited the private doctors and the specialist doctors for their health information needs. This suggests that the government-run CHC is not fully efficient for treating all kinds of illnesses faced by the women or their family. Apart from the professionally trained personnel, and scientifically approved institutions, the women also chose family, friends, priest among the highly trusted health information sources. This shows the trusted bond the women share with their family, relatives, and friends, and their choice of Priest as a trusted health information source can be because the study area being a Christian dominated place, the people in general and the women in particular have high regards and trust for the Priests and Church elders. The women also occasionally use television, traditional midwives, friends, and family members as health information sources. The health information sources least consulted by the women are Primary Health Centre (PHC), Rural Health Centre (RHC), radio, Chief.

The average percentages of each of the responses, namely, 'no response', 'never', 'rarely', 'occasionally', 'frequently', 'quite frequently' are calculated and the average is worked out and shown in the histogram below.

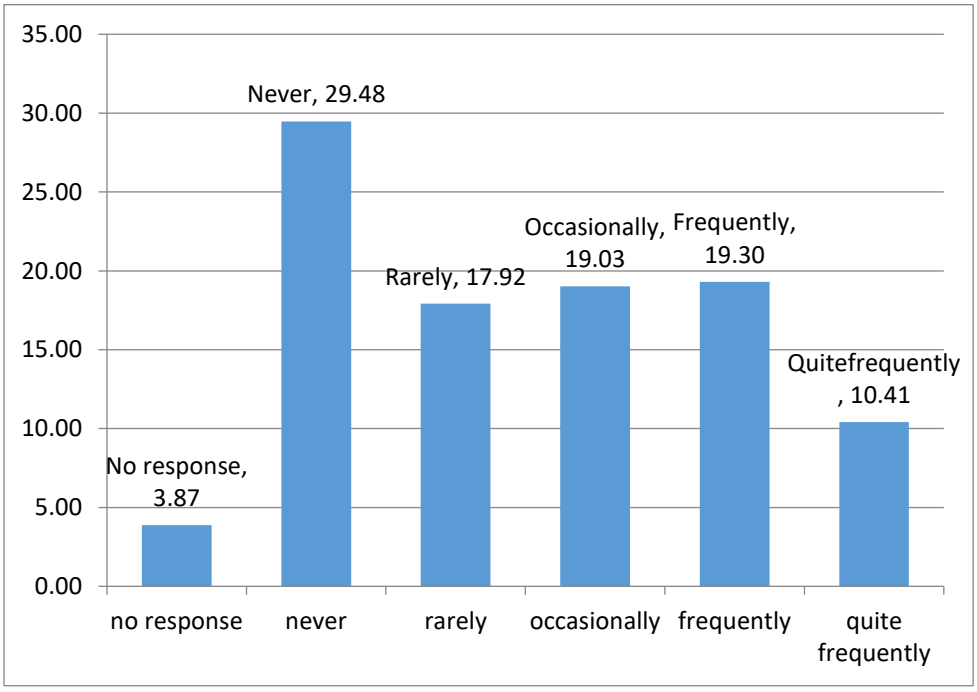

Fig 2: HISTOGRAM SHOWING THE FREQUENCY OF USE OF INFORMATION SOURCES FOR HEALTH INFORMATION NEEDS.

From the above pie diagram, it is seen that more than 65% of the women uses at least one of the health information sources listen in the table above. However, it is also seen that about 30% or more have never used the listed information sources for accessing their health information needs.

FREQUENCY OF FACTORS PREVENTING ACCESSING OF HEALTH AND HEALTH INFORMATION (n=42)

Factors	**Mean Ranking**	**No Response**	**Never……Quite Frequently**				
			Never	**Rarely**	**Sometimes**	**Frequently**	**Quite Frequently**
POOR SERVICE	2.69	11.9	4.8	11.9	45.2	26.2	--
EXPENSIVE	2.64	7.1	9.5	16.7	45.2	21.4	--
NO TIME	2.57	11.9	9.5	14.3	38.1	26.2	--
BEYOND INCOME	2.52	7.1	11.9	23.8	38.1	16.7	2.4
NO KNOWLEDGE	2.48	11.9	11.9	11.9	47.6	14.3	2.4
NOT REQUIRED	2.29	14.3	9.5	23.8	38.1	14.3	--
DISTANCE	2.14	11.9	9.5	35.7	38.1	4.8	--
LACK OF TRANSPORT	1.88	11.9	11.9	52.4	23.8	--	--
FAMILY DISSENT	1.86	11.9	23.8	38.1	21.4	2.4	2.4
RELIGIOUS RESTRICTIONS	1.71	11.9	35.7	31	11.9	9.5	--
FEAR OF PUBLIC DISSENT	1.62	11.9	40.5	23.8	21.4	2.4	--
DIFFIDENCE	1.57	11.9	35.7	31	11.9	9.5	--

0 – No Response, 1 – Never, 2 – Rarely, 3 – Occasionally, 4 – Frequently, 5 – Quite Frequently
Table 3: FREQUENCY OF FACTORS PREVENTING ACCESSING OF HEALTH AND HEALTH INFORMATION IN DESCENDING ORDER

The table 3 shows the frequency of the factors that prevented the women from accessing health information. The most common factors preventing the women from accessing health information needs or health care needs are found to be poor service, medicinal/treatment costs, lack of time, ignorance. Even though transport can be the factor sometimes most of the time it

is not an issue. The reason behind this can be that, since the women live in the town itself and the health centres are at walk-able distances, they do not face so many problems in transportation. Other factors like Family Dissent, Religious Restrictions, Fear of Public Dissent, and Diffidence rarely prevented women from accessing their health information needs. It is seen that social and religious factors like “Diffidence”, “Fear of Public Dissent”, “Family Dissent”, “Religious Restrictions” are found to play lesser role in preventing women from accessing health and health information needs than the economic factors such as “Expensive”, “Beyond Income”, etc. it also shows the factors preventing women from accessing health and health information by taking the mean value of the responses in descending order. The factor with the highest ranking is “Poor Service”, and the least being “Diffidence”. Therefore, in order to help the rural women to overcome the barriers, it is important for the Government to improve the services of the state-run medical institutions by employing adequate number of qualified staffs and improving the infrastructure and providing adequate medicinal stocks. Taking such step is likely to improve the services of the health care institutions and minimize the treatment costs to a great extent.

The average percentages of each of the responses, namely, ‘no response’, ‘never’, ‘rarely’, ‘occasionally’, ‘frequently’, ‘quite frequently’ are calculated and the average is worked out and shown in the histogram below.

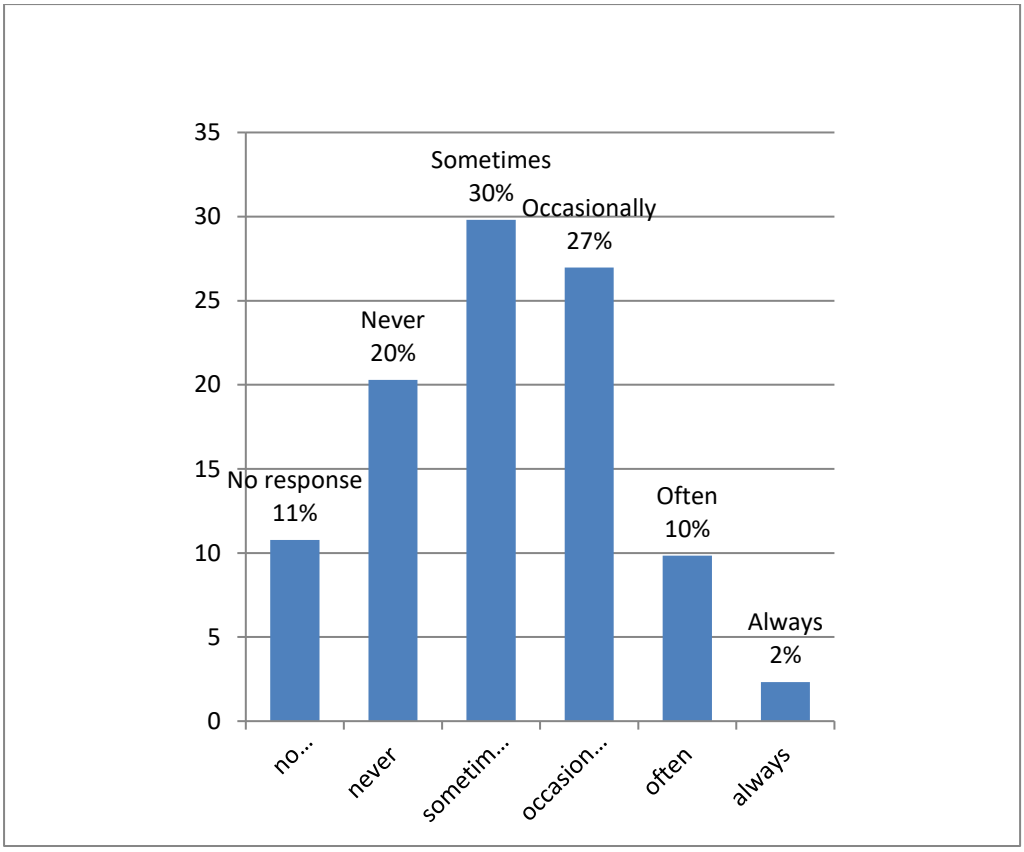

Fig 3: HISTOGRAM SHOWING THE FREQUENCY OF BARRIERS FOR WOMEN IN ACCESSING HEALTH INFORMATION.

The pie diagram shows that more than 65% of the women faced at least one of the barriers listed in table 3 as a preventing factor in accessing health information needs which acts as hurdles in further accessing their health care needs. More than 26% responded to have faced such problems occasionally, almost 10% responded to have faced often, and more than 2% responded to have faced such problems always. About 20% responded to have never faced any of the mentioned barriers in accessing their health information needs.

FREQUENCY OF HEALTH DECISION MAKING (n=42)

Decision maker	**Mean Ranking**	**0**	**1**	**2**	**3**	**4**	**5**
SELF	3.76	4.8			16.7	66.7	11.9
DOCTOR	3.64	4.8	4.8	7.1	4.8	61.9	16.7
HUSBAND	3.24	7.1	4.8	7.1	28.6	42.9	9.5
MOTHER-IN-LAW	2.62	4.8	23.8	21.4	19	16.7	14.3
FATHER-IN-LAW	1.98	9.5	40.5	19	11.9	11.9	7.1

0 – No Response, 1 – Never, 2 – Rarely, 3 – Occasionally, 4 – Frequently, 5 – Quite Frequently
Table 4: FREQUENCY OF HEALTH DECISION MAKING IN DESCENDING ORDER

The above table 4 displays the percentage of the women's level of independence in taking health decision. The table has shown that most of the women, i.e. more than 70 percent of them frequently take their own health decisions. The women are also found to rely on the doctors in making health related decisions. This shows that the women are quite aware of their rights on their health matters and have a sense of responsibility of their own health related issues and they have awareness to sought the help and decision of the doctors instead of other family members like Father-in–law, Mother-in-law, etc. However, more than 50 percent of the women chose their husbands as the one who often takes the final decision on their behalf on their health matters.

Findings and Suggestions

Findings

The study has found that the women seek information mostly on general illnesses or health problems like cold/ cough, headache, body ache, family planning, pregnancy, immunization, etc. then other more serious illnesses like Diabetes, HIV/AIDS, STDs, etc. The Stigma associated with HIV/AIDS/STD may be the reason that prevents many people from seeking information on these diseases. The health information sources used most frequently by the women are found to be Community Health Centre (CHC), the Pharmacy, Private Doctors, and Specialist Doctors. When it comes to reliability, the women find the Community Health Centre (CHC), Private Doctors, and Specialist Doctors to be most reliable health information sources. The choices made by the them shows that the women have at least some basic education and knowledge which made them prefer scientifically trained medical professionals to non-scientifically trained practitioners like Quacks, Door to Door medicine sellers, Alternative medicine sellers, elders, Chief, an educated person, etc. On the other hand, apart from the professionally trained personnel, and scientifically approved institutions, the women also chose informal sources like family, friends, priest among the highly trusted health information sources. This shows the trusted bond the women share with their family, relatives, and friends, and their choice of Priest as a trusted health information source can be because the study area being a Christian dominated place, the people in general and the women in particular have high regards and trust for the Priests and Church elders. When it comes to the level of independence in taking health decision, despite the fact that most women in rural areas have

no rights in taking their own health decisions as found in the literatures, in case of the present study it is found that more than 70 percent of them frequently take their own health decisions. The women are also found to rely on their doctors in making health related decisions. This shows that most of the women have a say on their health matters and have a sense of responsibility on their own health related issues and are educated enough to sought the help and decision of the doctors instead of other family members like Father-in –law, Mother-in-law, etc. However, more than 50 percent of the women chose their husbands as the one who often takes the final decision on their behalf on their health matters. Regarding health information seeking, the women seek information mostly on general illnesses like body ache, immunization, cold/ cough, headache, family planning, pregnancy other than deadlier diseases like HIV/AIDS, STDs. Awareness programmes on HIV/AIDS, STDs need to be conducted to the people in general and the women in particular to reduce the stigma associated with these diseases. Even though a large percentage of the women seek information on immunization, it is also seen that significant percentage of women i.e. about 25 percent of the women never or hardly seek information on immunization. This shows the need for spreading awareness on immunization and giving the women who are mostly mothers a basic education on the need and importance of immunization. The women are also seen to have faced a number of obstacles while seeking health information needs, with the most common one being poor services.

Suggestions

Based on the analysis of the study and the problems encountered in the study, some suggestions are made which are considered to be useful in helping the women meet their health information needs.

1. Proper awareness on immunization should be provided to all married women.
2. Awareness and proper education on HIV/AIDS, STDs should be provided to the people in general and the women in particular to reduce the stigma associated with these diseases.
3. In rural areas the health care institutions are generally understaffed. More health staffs, especially, more Doctors and Nurses should be posted to meet the demanding health care needs of the rural people.
4. The rural health care institutions are also known to have poor and limited facilities (Bhandari, L. & Dutta, S. n.d.). It may be suggested that the health care facilities should

be improved by the State so that the rural people who are generally poor to go to bigger health institutions, can get their health care needs and treatments done.

5. More Female health workers should be employed to provide awareness and health care to the rural women. They should be given proper salary so that they may be more functional and more efficient in carrying out their duties and responsibilities.

Conclusion

The preference of scientifically trained medical professionals like Private Doctors, and Specialist Doctors, Pharmacists/ Pharmacy over untrained practitioners such as Door to door Sellers, Quacks, etc. shows that the women have at least some basic education and knowledge that gives them such awareness. At the same time, the women also chose non-professional sources such as family members, friends, priest, etc. among their highly trusted health information sources. One interesting finding of the study is that the women chose Community Health Centre (CHC) which is a State Government-run health care institution as their most trusted source. However, Rural Health Centre (RHC) which is also a State Government funded health centre is found to be one of the least preferred health information sources of the women. The reason behind this may be due to the accessibility. The CHC having been located in the study site, that is, Kangpokpi, it is easily accessible. However, the nearest RHC is located more than 10 kilometres from the study site. The study also found that the most common factors preventing the women from accessing health information needs or health care needs are distance, poor service, medicinal/treatment costs, lack of time, ignorance. Therefore, it can be safely said from the present study that the choices of health information sources and health information seeking behaviour of the rural tribal women of Kangpokpi largely depend on/ influenced by the availability, affordability, and accessibility of the health care needs and health information sources.

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ANNEXURE

QUESTIONNAIRE

1. Age: ……
2. Marital Status: ……
3. Religion: …….
4. Occupation: (Please tick)

Trading		Farming		Housewife		Handicraft	
Government		Others (Specify):		……		……	

5. Household size: (Actual number)
   No of female members [……]
   No of male members […….]

6. **Highest level of education**:
   None [……] Primary School [……] Class X pass [……] Class 12 pass [……]
   Graduate [……] Post-Graduate [……] Others (Please specify) **…….**

7. **Language Known**:
   a. Mother Tongue: …….. (Please specify)
   b. Your knowledge of Mother Tongue is: (*Please tick the appropriate box*)
      Read & Write [……], Read & Speak [……], Speak only [……]

8. **Other languages**: (Please name the language known to you and indicate the level of knowledge by ticking the appropriate box)
   (a) …….. : Read [……] Write [……] Speak [……]
   (b) …….. : Read [……] Write [……] Speak [……]
   (c) …….. : Read [……] Write [……] Speak [……]

9. **Housing**: Own house [……]; Rented [……]; Family house [……]; Others [……]

10. **Approximate total of annual family income** (in Rupee): ……

11. **Approximate total of your annual income** (in Rupee): ……

12. Who is the main bread winner in the family? ……

13. How often do you seek information on the following disease/health?

(*Please rank the options on the basis of the frequency of information sought using the following scale*: **1 – Never**, **2 – Rarely**, **3 – Occasionally**, **4 – Frequently**, **5 – Quite Frequently**)

Diabetes	1	2	3	4	5
HIV/AIDS	1	2	3	4	5
STD	1	2	3	4	5
Typhoid	1	2	3	4	5
Cholera	1	2	3	4	5
Malaria	1	2	3	4	5
Chicken pox	1	2	3	4	5
Tuberculosis	1	2	3	4	5
Infertility	1	2	3	4	5
Headache	1	2	3	4	5
Hypertension	1	2	3	4	5
Body ache	1	2	3	4	5

Immunization	1	2	3	4	5
Cough & cold	1	2	3	4	5
Skin diseases	1	2	3	4	5
Family planning	1	2	3	4	5
Pregnancy	1	2	3	4	5
Malnutrition	1	2	3	4	5
Others (Specify):					
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5

14. What sources do you use most often to acquire your health information needs?
(*Please rank the options on the basis of the frequency of information sought using the following scale*: **1 – Never**, **2 – Rarely**, **3 – Occasionally**, **4 – Frequently**, **5 – Quite Frequently**)

Primary Health Centre	1	2	3	4	5
Rural Health Centre	1	2	3	4	5
Dispensary	1	2	3	4	5
Chemist Shop (Pharmacy)	1	2	3	4	5
Private Clinics/Nursing home	1	2	3	4	5
Private Doctors	1	2	3	4	5
Famed Specialist Doctors	1	2	3	4	5
Nurses	1	2	3	4	5
Health Workers	1	2	3	4	5
Anganwadi Workers	1	2	3	4	5
Traditional Healers	1	2	3	4	5
Herbal Practitioners	1	2	3	4	5
Self Practitioners (Quacks)	1	2	3	4	5
Door to door medicine sellers	1	2	3	4	5
Alternative Medicine Sellers	1	2	3	4	5
Faith healers	1	2	3	4	5
Priests	1	2	3	4	5

Massagers	1	2	3	4	5
Friends	1	2	3	4	5
Family members	1	2	3	4	5
Traditional midwives	1	2	3	4	5
Elders	1	2	3	4	5
Chief	1	2	3	4	5
An educated persons	1	2	3	4	5
Radio	1	2	3	4	5
Television	1	2	3	4	5
Newspaper/Magazine	1	2	3	4	5
Posters	1	2	3	4	5
Others (Specify):	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5

15. What prevent you from accessing health and health information?
(*Please rank the options using the scale…* **1 – Never**, **2 – Sometimes**, **3 – Occasionally**, **4 – Often**, **5 – Always**)

Distance	1	2	3	4	5

Others (Specify):	1	2	3	4	5

No transport	1	2	3	4	5
Not required	1	2	3	4	5
Expensive	1	2	3	4	5
Beyond income	1	2	3	4	5
Family dissent	1	2	3	4	5
Religious restrictions	1	2	3	4	5
Fear of public dissent	1	2	3	4	5
Diffidence	1	2	3	4	5
Poor Service	1	2	3	4	5
No time	1	2	3	4	5
No knowledge	1	2	3	4	5

……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5

16. Who take the final decision on issues related to your health?
(*Please rank the options using the scale…* **1 – Never**, **2 – Sometimes**, **3 – Occasionally**, **4 – Often**, **5 – Always**)

Self	1	2	3	4	5
Husband	1	2	3	4	5
Father-in-law	1	2	3	4	5
Mother-in-law	1	2	3	4	5
Doctor	1	2	3	4	5

Others (Specify):	1	2	3	4	5
……..	1	2	3	4	5
……..	1	2	3	4	5
……..	1	2	3	4	5
……..	1	2	3	4	5

17. Please rank the following using the scale provided below:
(**1 – Strongly Disagree, 2 – Disagree, 3 – Undecided, 4 – Agree, 5 – Strongly Agree**)

You are responsible for your health	1	2	3	4	5
Husband is responsible for your health	1	2	3	4	5
Husband should have the final say on your health	1	2	3	4	5
People in the family should take decision on your health	1	2	3	4	5
Your community has the right to have a say on your health	1	2	3	4	5

Please specify others who are responsible for your health:

_____

…….	1	2	3	4	5
…….	1	2	3	4	5
…….	1	2	3	4	5

18. Please rank the following options using the scale provided below:
(**1 – Never, 2 – Sometimes, 3 – Occasionally, 4 – Often, 5 – Always**)

You take decision on your health problems without consulting your husband	1	2	3	4	5
You take decision on your health problems without consulting other members of your family	1	2	3	4	5
You take decision on the health problems of your children without consulting your husband	1	2	3	4	5
You take decision on the health problems of your children without consulting your family members	1	2	3	4	5
You speak about your health problems without fear or criticism	1	2	3	4	5

Specify others you ought to consulted in taking your health related decisions:

……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5

19. Please rank the following using the scale provided below:
(**1 – Never, 2 – Sometimes, 3 – Occasionally, 4 – Often, 5 – Always**)

Are you free to take health related decisions without any pressure from your husband or other family members?	1	2	3	4	5
Given the chance, could you do anything for your health on your own?	1	2	3	4	5

20. Which sources do you think is/are the most reliable source(s) of health information?
(*Please rank the options on the basis of the frequency of information sought using the following scale*: **1 – Never**, **2 – Rarely**, **3 – Occasionally**, **4 – Frequently**, **5 – Quite Frequently**)

Primary Health Centre	1	2	3	4	5
Rural Health Centre	1	2	3	4	5
Dispensary	1	2	3	4	5
Chemist Shop (Pharmacy)	1	2	3	4	5
Private Clinics/Nursing home	1	2	3	4	5
Private Doctors	1	2	3	4	5
Famed Specialist Doctors	1	2	3	4	5
Nurses	1	2	3	4	5
Health Workers	1	2	3	4	5

Massagers	1	2	3	4	5
Friends	1	2	3	4	5
Family members	1	2	3	4	5
Traditional midwives	1	2	3	4	5
Elders	1	2	3	4	5
Chief	1	2	3	4	5
An educated persons	1	2	3	4	5
Radio	1	2	3	4	5
Television	1	2	3	4	5

Anganwadi Workers	1	2	3	4	5
Traditional Healers	1	2	3	4	5
Herbal Practitioners	1	2	3	4	5
Self Practitioners (Quacks)	1	2	3	4	5
Door to door medicine sellers	1	2	3	4	5
Alternative Medicine Sellers	1	2	3	4	5
Faith healers	1	2	3	4	5
Priests	1	2	3	4	5
Internet	1	2	3	4	5
Mobile Phone	1	2	3	4	5
Church	1	2	3	4	5
Neighbors	1	2	3	4	5

Newspaper/Magazine	1	2	3	4	5
Posters	1	2	3	4	5
Others (Specify):	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5

21. Please specify the health or disease for which you seek information the past and *rank it on the basis of the frequency of seeking information using the following scale*:
    1 – Never, **2 – Rarely**, **3 – Occasionally**, **4 – Frequently**, **5 – Quite Frequently**

Information regarding…	Frequency				
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5

Information regarding…	Frequency				
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5

22. Please specify the most **common** women health/diseases in your locality and among people known to you and *rank it on the basis of the frequency of seeking information using the following scale*:
    1 – Never, **2 – Rarely**, **3 – Occasionally**, **4 – Frequently**, **5 – Quite Frequently**

Information regarding….	Frequency				
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5
……	1	2	3	4	5

23. Among the following which is the most convenient source of health information? (Please choose one)

1. Cable TV ☐
2. SMS (Mobile Phone) ☐
3. Pamphlet ☐
4. Word of Mouth ☐
5. Internet ☐
6. Others (Specify): ☐
   ……

Thank You