ABSTRACT

Information is a source of power and is important for individual growth and survival. Information about health and hygiene is crucial because it influences an individual's quality of life. As far as health and hygiene practices are concerned, women play an active role in getting information about these; hence there is a need to study their information needs regarding health and hygiene. After finding out the needs of women regarding these aspects, accordingly information can be made accessible to them. Keeping this into account, the present study was conducted in Ludhiana district of Punjab. Data was taken from 200 rural and urban women of 25-50 years, by the help of an interview schedule. Health and hygiene practices were studied under three categories as personal, food related and household health and hygiene practices. Information needs were studied on a three point continuum i.e. highly needed, somewhat needed and not needed. Results of the study showed that under personal health and hygiene practice, information on hair care and obesity was most needed. The most needed information regarding food related health and hygiene was on low cost nutritious recipes. The major information need reported by the respondents was related to control of insects and pests in case of household health and hygiene practices and majority of the
1. INTRODUCTION

Information is a major resource that is needed in every sphere of life endeavor. Information is valuable, because it can affect behaviour, a decision or an outcome. Information is a vital resource for survival and growth of an individual. The progress of individuals as well as modern societies depends immensely upon the availability of the right type of information, at the right time and in the right form. It is important to take right decisions and also to reduce ambiguity. Since information is so important, therefore it must be used properly, i.e. after finding out the information needs of individuals or groups; accordingly information should be made accessible.

Health information is a vital resource for individuals who according to BIREME/PAHO/WHO (2008) seek information for as varying reasons as mere curiosity, self-diagnosis, analyzing and evaluating treatment for health [1]. The quality of the decision made at any given time depends to a large extent on the type of information made available to the user. Ariyo [2] opines that information assists in reducing the degree of uncertainty and ignorance in the operating environment, while Corragio [3] avers that lack of information is the denial of choices and opportunities for living better live. Furthermore, Hejase et al. [4] contend that informed objective decisions are based on facts and numbers, real, realistic and timely information. Therefore, the quality of information an individual receives enhances her rightful choice of health cares the case may be. As far as health and hygiene practices are concerned, women play an active role in getting information about these; hence there is a need to study their information needs regarding health and hygiene. After finding out the needs of women regarding these aspects, accordingly information can be made accessible to them.

1.1 Objectives of the Study

To identify the information needs of women regarding selected health and hygiene practices. To ascertain the association of information needs of women with their personal and socio-economic characteristics.

2. MATERIALS AND METHODS

The study was conducted in Ludhiana district of Punjab state in 2017. For the selection of rural respondents, two blocks Doraha and Sidhwan Bet were selected purposively to ensure that one selected block was near while another was far from the city, so that the sample includes both type of respondents who may differ in their behaviour due to remoteness. Further two villages from each block were selected on a random basis. Barmalipur and Kaddon village were selected from Doraha block, whereas, Talwandi Khurd and Sowaddi Kalan were selected from Sidhwan Bet. To represent the urban population two zones (zone A and zone D) from Ludhiana district were selected randomly. Further two localities from each zone were also selected randomly i.e. from zone A Salem Tabri and Guru Nanak Dev Nagar and Model Town and Passi Nagar from zone D. Twenty five married women, in the age group of 25-50 years, from each selected village as well as from each locality were selected on random basis. Thus, the sample composed of 200 women for the present study. The data was collected with the help of a self-structured interview schedule. Furthermore, according to Hejase and Hejase [5], “descriptive statistics deals with describing a collection of data by condensing the amounts of data into simple representative numerical quantities or plots that can provide a better understanding of the collected data [5]”. Therefore, this study analyzed data collected with descriptive statistics such as frequencies and percentages supported with diagrams for clarity.

3. RESULTS AND DISCUSSION

3.1 Personal and Socio-economic Characteristics of Respondents

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

Data revealed that 41.5% of the respondents were from the age group of 25-33 years i.e. middle age. Fifty one per cent of the respondents had medium level of education (primary to matriculate). The percentage of respondents who were housewives was 91.5% and 67.5% of them were from general caste category. Further the data revealed that 55.5% of the respondents belonged to the nuclear families. Forty four per cent of the respondents had small family size i.e. 1 to 4 members in their families and 86% had low family annual income. Data showed that 51.5% of the respondents had medium level of family education as well as 50% of them had mass media exposure.

### 3.2 Information Needs Regarding Personal Health and Hygiene Practices

Women have the responsibility of their family health, especially their children’s health. As most of the respondents were housewives and looking after their children by themselves, so they needed information about their personal and family’s health problems.

The data presented in Table 2 revealed that information on hair care was considered most important with 1.89 mean weighted score (MWS). Reason being hair loss is a common problem in women and they want to know the cure for it. The least needed information was on care during pregnancy and lactation period and management of menopausal period (MWS 1.31 each). These findings were in contradiction

<table>
<thead>
<tr>
<th>Personal and socio-economic characteristics</th>
<th>Category/range</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Young (25-33 yrs)</td>
<td>83</td>
<td>41.5</td>
</tr>
<tr>
<td></td>
<td>Middle (34-42 yrs)</td>
<td>46</td>
<td>23.0</td>
</tr>
<tr>
<td></td>
<td>Old (43-50 yrs)</td>
<td>71</td>
<td>35.5</td>
</tr>
<tr>
<td>Education</td>
<td>Low (&lt; 3)</td>
<td>32</td>
<td>16.0</td>
</tr>
<tr>
<td></td>
<td>Medium (3-5)</td>
<td>102</td>
<td>51.0</td>
</tr>
<tr>
<td></td>
<td>High (&gt;5)</td>
<td>66</td>
<td>33.0</td>
</tr>
<tr>
<td>Occupation</td>
<td>Housewife</td>
<td>183</td>
<td>91.5</td>
</tr>
<tr>
<td></td>
<td>Service</td>
<td>12</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>Self-employed</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>Caste</td>
<td>General</td>
<td>135</td>
<td>67.5</td>
</tr>
<tr>
<td></td>
<td>Schedule caste/Schedule Tribe</td>
<td>55</td>
<td>27.5</td>
</tr>
<tr>
<td></td>
<td>Backward Caste</td>
<td>10</td>
<td>5.0</td>
</tr>
<tr>
<td>Family type</td>
<td>Nuclear</td>
<td>111</td>
<td>55.5</td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>89</td>
<td>44.5</td>
</tr>
<tr>
<td>Family size (no. of members)</td>
<td>Small (1-4)</td>
<td>88</td>
<td>44.0</td>
</tr>
<tr>
<td></td>
<td>Medium (5-8)</td>
<td>87</td>
<td>43.5</td>
</tr>
<tr>
<td></td>
<td>Large (more than 8)</td>
<td>25</td>
<td>12.5</td>
</tr>
<tr>
<td>Family income (Rs./annum)</td>
<td>Low (Rs.50,000-Rs.6,33,333)</td>
<td>172</td>
<td>86.0</td>
</tr>
<tr>
<td></td>
<td>Medium (Rs.6,33,334-Rs.12,16,666)</td>
<td>19</td>
<td>9.5</td>
</tr>
<tr>
<td></td>
<td>High (Rs.12,16,667-Rs. 18,00,000)</td>
<td>9</td>
<td>4.5</td>
</tr>
<tr>
<td>Family education</td>
<td>Low (0.6-2.7)</td>
<td>43</td>
<td>21.5</td>
</tr>
<tr>
<td></td>
<td>Medium (2.8-4.9)</td>
<td>103</td>
<td>51.5</td>
</tr>
<tr>
<td></td>
<td>High (5.0-7.0)</td>
<td>54</td>
<td>27.0</td>
</tr>
<tr>
<td>Mass media exposure</td>
<td>Low (0-0.61)</td>
<td>77</td>
<td>38.5</td>
</tr>
<tr>
<td></td>
<td>Medium (0.62-1.23)</td>
<td>100</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>High (1.24-1.85)</td>
<td>23</td>
<td>11.5</td>
</tr>
</tbody>
</table>
Table 2. Distribution of the respondents according to information needs for personal health and hygiene practices (n=200)

<table>
<thead>
<tr>
<th>Personal hygiene practices</th>
<th>Information needs</th>
<th>MWS (Range: 1-3)</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highly needed</td>
<td>Somewhat needed</td>
<td>Not needed</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Hair care</td>
<td>74</td>
<td>37.0</td>
<td>30</td>
</tr>
<tr>
<td>Skin care</td>
<td>71</td>
<td>35.5</td>
<td>29</td>
</tr>
<tr>
<td>Body care</td>
<td>60</td>
<td>30.0</td>
<td>28</td>
</tr>
<tr>
<td>Care during various diseases</td>
<td>34</td>
<td>17.0</td>
<td>19</td>
</tr>
<tr>
<td>Care during menstruation period</td>
<td>33</td>
<td>16.5</td>
<td>11</td>
</tr>
<tr>
<td>Care during pregnancy and lactating period</td>
<td>25</td>
<td>12.5</td>
<td>13</td>
</tr>
<tr>
<td>Management of menopausal period</td>
<td>25</td>
<td>12.5</td>
<td>11</td>
</tr>
</tbody>
</table>

*MWS = Mean weighted score

Table 3. Distribution of the respondents according to information needs for food related health and hygiene practices (n=200)

<table>
<thead>
<tr>
<th>Food related health and hygiene practices</th>
<th>Information needs</th>
<th>MWS (Range: 1-3)</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highly needed</td>
<td>Somewhat needed</td>
<td>Not needed</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Low cost nutritious recipes</td>
<td>66</td>
<td>33.0</td>
<td>25</td>
</tr>
<tr>
<td>Cooking methods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baking</td>
<td>63</td>
<td>31.5</td>
<td>24</td>
</tr>
<tr>
<td>Steaming</td>
<td>61</td>
<td>30.5</td>
<td>23</td>
</tr>
<tr>
<td>Fermenting</td>
<td>60</td>
<td>30.0</td>
<td>24</td>
</tr>
<tr>
<td>Sprouting</td>
<td>62</td>
<td>31.0</td>
<td>23</td>
</tr>
<tr>
<td>Storage of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td>53</td>
<td>26.5</td>
<td>34</td>
</tr>
<tr>
<td>Rice and wheat</td>
<td>54</td>
<td>27.0</td>
<td>34</td>
</tr>
<tr>
<td>Spices</td>
<td>54</td>
<td>27.0</td>
<td>34</td>
</tr>
<tr>
<td>Vegetables and fruits</td>
<td>54</td>
<td>27.0</td>
<td>34</td>
</tr>
<tr>
<td>Milk and milk products</td>
<td>54</td>
<td>27.0</td>
<td>34</td>
</tr>
<tr>
<td>Use of fats</td>
<td>49</td>
<td>24.5</td>
<td>29</td>
</tr>
</tbody>
</table>

*MWS = Mean weighted score

to the results of Momodu [6] as he reported that women mainly need information on pre and post natal care.

It was interesting to find that women did not need information for issues like menstruation and pregnancy because they might be hesitant to talk about these topics. During data collection it was found that many respondents were not aware of term menopause, while young women associate menopause with being old, so they did not require information about it.

3.3 Information Needs Regarding Food Related Health and Hygiene Practices

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

According to the data on information needs of respondents presented in Table 3, low cost nutritious recipes was ranked first with mean weighted score 1.79. It was observed that women were more interested in learning new recipes and cooking methods, therefore, the need for these practices was more than information need for use of fats and storage of food items. These results were in line with the results of the study conducted by several authors [7,8].
3.4 Information Need Regarding Household Health and Hygiene Practices

Cleaning and maintenance of house is usually considered as the responsibility of the women of the house. Therefore it is important to know about their information needs related to household health and hygiene practices.

Data presented in Table 4 revealed that the most cited information need by the women for household health and hygiene practices was pertaining to control of insect and pests (MWS 1.79) because the problem of insects and pests was a major concern in most of the houses.

Although waste possesses a threat to the environment and public health if it is not collected and disposed properly, but the respondents under the study did not consider disposal of waste as an important issue. Thus information on disposal of waste was least needed with MWS 1.45.

3.5 Level of Information Need Regarding Selected Health and Hygiene Practices

Respondents were classified into three categories as respondents with low, medium and high information need, according to their information need score regarding selected health and hygiene practices. The mean weighted score 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.

Data given in Fig. 1 indicated that majority of the respondents had low level of information need for all health and hygiene practices i.e. personal (73%), food related (57%), household (59%) and overall health and hygiene practices (60%). Form this we inferred that most of the women were satisfied with their present level of information for all health and hygiene practices. Similar findings were reported by Hossain and Islam [8] in their study entitled ‘Information needs of rural women: a study of three villages of Bangladesh’. Amongst all selected health and hygiene practices, high level of information need was shown for food related health and hygiene practices. The findings are in line with the results of Ahmad [7] as he also stated that women were more concerned with information needs related to food and child education.

3.6 Relationship of Information Needs of Women with Their Personal and Socio-economic Characteristics

The perusal of data in Table 5 showed age was negatively correlated with the respondents’ information needs. Thus we can conclude that women’s need for health and hygiene information is high when they are young. Education and mass media exposure of the respondents were found to be positively correlated with the information needs of women. These findings were in line with the studies conducted by Sangwan and Ghosh [9, 10]. Further the study revealed that all other selected variables had non-significant relationship with information needs of women.

![Fig. 1. Level of information needs of respondents regarding selected health and hygiene practices](image-url)
Table 4. Distribution of the respondents according to information needs for household health and hygiene practices (n=200)

<table>
<thead>
<tr>
<th>Household health and hygiene practices</th>
<th>Information needs</th>
<th>MWS (Range: 1-3)</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highly needed f</td>
<td>%</td>
<td>Somewhat needed f</td>
</tr>
<tr>
<td>Cleaning of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor</td>
<td>60</td>
<td>30.0</td>
<td>24</td>
</tr>
<tr>
<td>Bathroom</td>
<td>62</td>
<td>31.0</td>
<td>24</td>
</tr>
<tr>
<td>Drainage</td>
<td>57</td>
<td>28.5</td>
<td>24</td>
</tr>
<tr>
<td>Mattresses</td>
<td>57</td>
<td>28.5</td>
<td>24</td>
</tr>
<tr>
<td>Carpets/curtains</td>
<td>56</td>
<td>28.0</td>
<td>24</td>
</tr>
<tr>
<td>Furniture</td>
<td>60</td>
<td>30.0</td>
<td>23</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>59</td>
<td>29.5</td>
<td>23</td>
</tr>
<tr>
<td>Microwave oven</td>
<td>61</td>
<td>30.5</td>
<td>22</td>
</tr>
<tr>
<td>Air conditioner/coolers</td>
<td>55</td>
<td>27.5</td>
<td>23</td>
</tr>
<tr>
<td>Kitchen utensils</td>
<td>58</td>
<td>29.0</td>
<td>23</td>
</tr>
<tr>
<td>Cleaning agent for cooking shelves and cooking stoves</td>
<td>53</td>
<td>26.5</td>
<td>22</td>
</tr>
<tr>
<td>Cleaning and use of kitchen napkins</td>
<td>50</td>
<td>25.0</td>
<td>20</td>
</tr>
<tr>
<td>Disposal of waste</td>
<td>35</td>
<td>17.5</td>
<td>20</td>
</tr>
<tr>
<td>Control of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cockroaches/mites/ants</td>
<td>69</td>
<td>34.5</td>
<td>19</td>
</tr>
<tr>
<td>Termite</td>
<td>70</td>
<td>35.0</td>
<td>18</td>
</tr>
<tr>
<td>Breeding of mosquitoes</td>
<td>70</td>
<td>35.0</td>
<td>18</td>
</tr>
</tbody>
</table>

*MWS = Mean weighted score

Table 5. Correlation between information needs of women and their personal and socio-economic characteristics (n=200)

<table>
<thead>
<tr>
<th>Personal and socio-economic characteristics</th>
<th>'r' value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass media exposure</td>
<td>0.2937**</td>
</tr>
<tr>
<td>Education</td>
<td>0.2344**</td>
</tr>
<tr>
<td>Age</td>
<td>-0.2299***</td>
</tr>
<tr>
<td>Caste</td>
<td>0.0755 NS*</td>
</tr>
<tr>
<td>Family income</td>
<td>0.0575 NS*</td>
</tr>
<tr>
<td>Occupation</td>
<td>0.0515 NS*</td>
</tr>
<tr>
<td>Family size</td>
<td>0.0430 NS*</td>
</tr>
<tr>
<td>Family education</td>
<td>-0.0694 NS*</td>
</tr>
<tr>
<td>Family type</td>
<td>-0.0614 NS*</td>
</tr>
</tbody>
</table>

*NS- Non-significant  
**Significant at 0.05 level

These findings were contradictory with Mooko and Routray et al. [11,12] as they revealed that information needs of women depend greatly on their occupation.

4. CONCLUSION

The information needs of women should be of concern to most because women are the foundation of any society. Day to day practices of women related to health and hygiene determines the quality of life of their family, thus they need to be equipped with timely and relevant information related to these aspects. The present study concluded that the most cited information need by the women for personal, food related and household health and hygiene practices was pertaining to hair care, low cost nutritious recipes and control of insect and pests, respectively. Majority of the respondents had low level of information need for all health and hygiene practices thus there is a need to aware women about importance of health and hygiene. Education and mass media exposure of the
respondents were found to be positively correlated while age was negatively correlated with the information needs of the women. Good health habits and hygiene promoting messages should be continually reinforced in order to bring change in behaviour of masses so that they can realize the importance and need for information on these topics and can improve the quality of their lives.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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4. Hejase HJ, Hejase AJ, Hejase HANJ. Quantitative methods for decision makers:

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