

ACCESSING HEALTH INFORMATION SOURCES IN JAMMU REGION: A SURVEY

Dr Reenu Arti Thakur

Lecturer,

Department of Library and Information Science,

University of Jammu, Jammu and Kashmir.

Email: reenu_thkr@rediffmail.com

Abstract: The current paper outlines the results of the survey conducted in Jammu division. The primary objectives of the paper to inform the various types of health information sources, most preferential health information sources, internet as the health information sources and use of libraries as health information source. The paper summarises the results and revealed that the majority of the respondents received information about various health issues from conversations with family, friends, or co-workers through local prescriptions where libraries and internet are the least preferred health information sources. The number of the information sources accessed, was significantly correlated with the reported state of health, monthly income and qualification.

Keywords: Health information, Internet, health information sources etc.

1.0 Introduction: Information is processed data. An information source is where one gets information from; this can be a book or a Web site. Information sources are the various means by which information is recorded for use by an individual or an organization. It is the means by which a person is informed about something or knowledge is made available to someone, a group of people or an organization. Information sources can be people, speeches, documents, pictures, or organizations. Information sources can be in print and non print media.

2.0 Research Methodology

The sample size of the study is 300. The survey was conducted by selecting the sample through simple stratified sampling method from the general public, above the age of 20 years. The sample studied was the permanent resident of the Jammu division. One member from each household was selected as a respondent.

3.0 The Primary Objectives of the Study are to Know About the:

1. various types of health information sources,
2. most preferential health information sources,
3. internet as the health information sources and
4. use of libraries for health information.

3.1 Results and Discussions : One of the major themes emerged during the survey was the source of the information, from where the respondents seek/ access/ receive the health information. It was found that the respondents seek the information from a number of sources i.e. traditional (newspapers, magazines, libraries, roadside advertisements, brochures /pamphlets from health department) and non-traditional (the Internet) forms of print media and non-print media (radio and television). Respondents also get information about health issues from conversations with family, friends, or co-workers through local prescriptions, which usually resulted, in self-treatment or visit to health care professionals.

3.2 Demography:

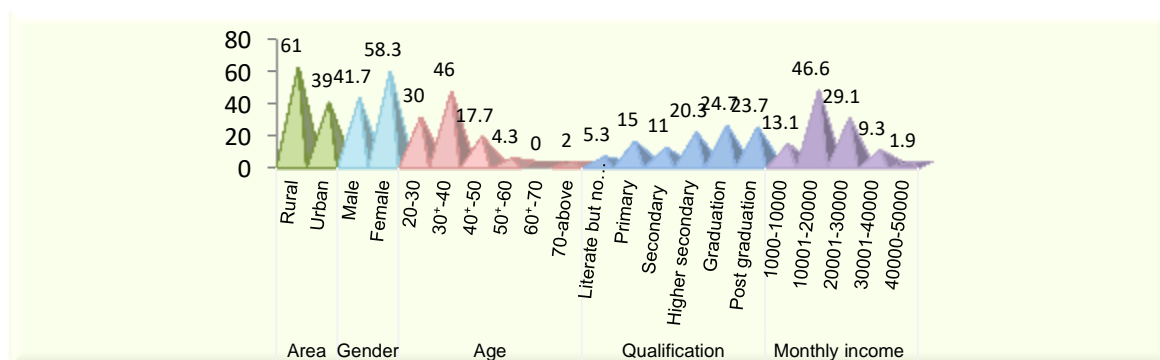


Fig. 1: Demographic Background of the General Public (Design and Development of Collaborative Model of Health Information Literacy in Jammu Division, Unpublished thesis)

The key characteristics of respondents are given in Fig 1 which revealed that the sample consist of 61% from the rural and 39% to the urban area. The respondents included both males and females (male 41.7% and female 58.3%); 2% belonged to the oldest age group (70+years-above). The respondents belonging to the age group of 50+60 years, 40+50 years, 30+ 40 years and 20-30 years were 4.7%, 17.7%, 45.7% and 30% respectively. Out of the total sample, 5.3% were literate but did not receive any formal education. They were the respondents who could read only Hindi language and could make minor calculations. The other 15% respondents had completed their education up to the primary level, 11% completed their high school, 20.3% had passed their higher secondary examination, 24.7% were graduates and the rest of 23.7% were post graduates. Out of the total respondents 13.1% had a monthly income between Rs. 1000-Rs.10, 000, a remarkable percent of 46.6% had the income between the range of Rs.10, 001-Rs.20, 000, a few 29.1% of them earned between Rs.20, 001-Rs.30, 000, about 9.3% had the income between Rs.30, 001-Rs.40, 000 and the least number of respondents i.e. 1.9% had their monthly income between Rs.40, 001-Rs.50, 000. The average income of the studied sample was Rs.20054.10.

Table 1: Health Information Sources

Information sources	Total N=300(%)	Primarily used source N=300(%) +
Print Media		
Newspaper	141(47)	32(10.6)
Hospital literature	37(12.3)	
Magazine	21(7)	2(.67)
Library	21(7)	
Roadside hoarding	10(3.3)	
Non- print Media		
TV/radio	96(32)	26(8.6)
Internet	59(19.7)	11(3.6)
Advertisement	27(9)	4(1.3)
Personal Contacts		
Family	209(69.7)	135(45)
Doctor	135(45)	24(8)
<i>Patenjalee Yogpeeth</i>	130(43.3)	38(12.6)
Patient	122(40.7)	20(6.7)
Pharmacist	57(19)	
Religious gurus	27(9)	
Medical camps	7(2.3)	
<i>(Design and Development of Collaborative Model of Health Information Literacy in Jammu Division, unpublished thesis)</i>		

3.3. Types of Health Information Sources: Information can be received from anywhere: personal experiences, books, expert opinions, encyclopaedias, and the Web etc. The Table 1 summarize the data the health information sources used by respondents categorized under the following headings:

3.3.1 Print Media: Information is available in print format. The major printed information sources are: printed books, periodicals, indexes and abstracts, maps, bibliographies, pictures, government documents, technical reports, etc. Many respondents received information about health issues from printed sources like newspapers (47%), Internet (19.7%), hospital literature (12.3%), magazines (7%), libraries (7%), etc. Newspaper provide first-hand version of an incident thus preferred as a primary sources. It has articles which are short and written in plain language. These are simply accessible, and cheaper. The articles published are written by staff reporters and reviewed by staff within the organization. It is an important source for secondary information. Conversely, the information in newspapers is not usually reliable. Newspapers are published on periodic basis i.e. daily, weekly or monthly. Respondents reportedly, preferred newspaper and magazines both in local and non-local languages. Health columns are a popular feature of newspaper and magazines. A page or two is devoted periodically to discuss the health issues. Specialists like doctors or nutritionists usually write these columns. Newspapers preferred were *Amar Ujala*, *Dainik Bhaskar*, TheTimes of India, Daily Excelsior etc. Apart from the general interest, magazines there are some specialised magazines devoted to the health issues and are meant for those interested to know more about health. Here it was found health columns in *Grahshobha*, *Cosmopolitan*, *Good Housekeeping*, the religious magazines published from the religious gurus etc. Only 7% of respondents preferred information from general magazines. The literature is also published in the form of posters and hoardings. The Table reveal only 3.3% of respondents use such type of health

information sources in form of hoardings whereas 12.3% use other hospital literature in form of posters and pamphlets. It was found that none of respondent uses the library as their primary information sources.

3.3.2 Non-Print Media: Information is also shaped in other formats in addition to printed materials. These are non-print health information sources which include audio-visual, multimedia, and electronic books/ journals, images, from Internet. The audio information is on CDs and books in audio / video forms. Video information includes recorded TV shows, movies and documentaries. Other examples are information on CD-ROMs, DVDs, Flash drives, Web documents etc.

Electronic media are a major source of health information. Radio and television are the most effective medium of health information transfer. In some areas radio is only source of the health information and entertainment especially those living in remote areas, as it is less expensive and reliable as compared to the other electronic media. It was found that the respondents stated the television as a primary source of entertainment and spent plenty of time in viewing it while eating, doing domestic work etc. and never missed to view it.

The various programs in various channels in TV and radio also act as the source of information. 32% of respondents received information from TV/ radio. The various talk shows in different news and lifestyle channels highlight the information about health. The health information got a little weight age if the information was tagged with the brand of the channel hospitals as well as by a known doctor. The most cited channels for health information were Doordrshan, news channels, religious channels, lifestyle channels. The local channels can also act as the source of the information. The various talk shows with celebrity, doctors, patients and other stakeholders were also included as in the dissemination of information. There were some respondents stated they never used TV/ radio for such purposes and prefer them only for entertainment. It is evident from the study that the health programmes telecasted over the television were watched by a majority of the respondents to attain the health knowledge. 9% Respondents stated that health information was also received through the advertisements by health insurance companies, the health department, and some commercial products on TV and radio. When the respondents were asked about the use of Internet, the respondents expressed their mistrust and low experience level while using the computers and Internet. Out of the total 300 respondents, only 74 respondents use Internet. Out of total 74 Internet users only 54 respondents used Internet for health information search.

3.3.3 Personal Contacts: In local communities, there is a rich body of information or knowledge which has been handed down by hearsay from generation to generation. Such knowledge is 'indigenous'. It is by and large neither written nor published but provides people in the community with strategies for continued existence. Indigenous knowledge is an aggregate of knowledge and skills which people in a particular geographical area possess that enables them to get the most out of their natural environment. It is verbal and diffused through personal communication; it is culture-specific and often generated within communities for local level decision-making in all aspects of the life some of them are: healthcare, food management, education, etc. This also involves traditional medicine, conflict resolution and culture - dance steps and traditional attire.

Communication with peers and colleagues are informed as a good way of obtaining essential information. Doctors also found to rely on their colleagues for information in order to solve a patient's problem. The value of informal sources of information especially colleagues and peers cannot be underestimated. The good side of it is that human sources (colleagues/peers) are readily available to provide needed information at the right time. In case if the right person is get in touch with, the good quality and up-to-date information will be acquired. The consequences of using human sources is that there may be some element of bias in the information provided, or some people will convey it from their own point of view or exaggerate it.

Family and friends were observed as the most frequently accessed sources of the information. They also become the sounding board to discuss the disease, general health conditions and their management. About 69.67% of the respondents state family or friends as the most preferred source of health information.

People also consulted health professionals for information on the state of their health. The health professionals usually involved are doctors, nurses, ASHA, and other trained professionals. 43.7% of people expressed their trust in these health professionals with a number of their own reasons. The reasons stated were the information from health professionals can be blindly trusted as doctors are generally reliable.

For the last decade, the literature from *Patenjlee Yogpeeth* emerged as an important disseminator of the information and found that 43.3% respondents trust the literature for preventive, curative information and yoga to maintaining their health. The organisation publishes several books having information about the medicinal system of ancient, divine period, and modern system. It produce the information in various forms such as audio, video (CDs, DVD), and also organise live interactive sessions on television and lectures at the public places, booklets etc. The respondents stated that information provided is quite useful for them; moreover stated that prescription didn't have any side effects.

The respondents (40.7%) consulted the other patients or the people who had already suffered from the disease. They were consulted for the preliminary information about the disease and for health services. They (19%) also consulted the pharmacist for minor health problems and take medicines. This is an important source as respondents get immediate medicines without getting into long queues of medical consultants in hospitals and private clinics. The respondents (9%) followed the treatments prescribed by the religious gurus. These religious gurus usually prescribe Ayurvedic medicines and some Vedic mantra chant, which some respondents reportedly follow and stated that they also got, cured.

2.3% of respondents stated that they had also received information in medical camps. The medical camps /health melas are organised by the various agencies like Directorate of Health Services, the Ministry of Women And Child Welfare, military hospitals or battalions etc. These health camps mostly provide facility of examination of patients or facilitate free treatments.

Table 2: Number of Information Sources

Number of information sources	Total N=300 (%)
1.	26(8.6)
2.	66(22)
3.	84(28)
4.	57(19)
5.	24(8)
6.	20(6.7)
7.	7(2.3)
8.	4(1.3)
9.	7(2.3)
10.	2(0.7)
11.	2(0.7)
12.	1(0.3)

(Design and Development of Collaborative Model of Health Information Literacy in Jammu Division, (unpublished thesis)

The Table 3 reveals the relationship of the number of health information accessed with various variables i.e. area, age, gender, state of health, and qualification and monthly income.

Table 3: Correlation of the Number of Health Information Sources in Relation Other Variables

Number of Health Information Sources in relation to	r
Area	.014
Age	-.055
Gender	.080
Qualification	.432**
Expenditure on health	-.125*
Monthly income	.179**
State of health	.135*

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

(Design and Development of Collaborative Model of Health Information Literacy in Jammu Division, (unpublished thesis)

It was found that the correlation is positive or direct with the value of 0.432** thus the number of the information sources accessed, increases as the person becomes more qualified. The correlation is significant at the 0.01 level. The number of health information sources used were found to be significantly correlated with the state of health (r=. 135, p≤0. 05), and monthly income (r=. 179, p≤0. 01). Thus analysis revealed, more number of health information sources used, the state of health also improved. This may be because of increasing reading skills with increasing qualifications and more information would be gathered, if the person has higher skills of reading, can access more and higher quality information sources, and hence can adopt a healthy lifestyle and attained improved health status.

3.4 Most preferential Sources of Information about Health Issues : The primarily used and accessed health information sources were family/friends (45%), newspaper (10.6%), patients (6.7%), magazines (0.6%), doctors (8%), advertisement (1.3%), and *Patenjlee Yogpeeth* (12.6%). It was found that respondents had rarely any knowledge about the specialised health information sources like health magazines or health websites which are hosted by health organisations. That’s why it is necessary for the current policy maker to make scientific health information to general public.

3.5 Library as the Source of Health Information

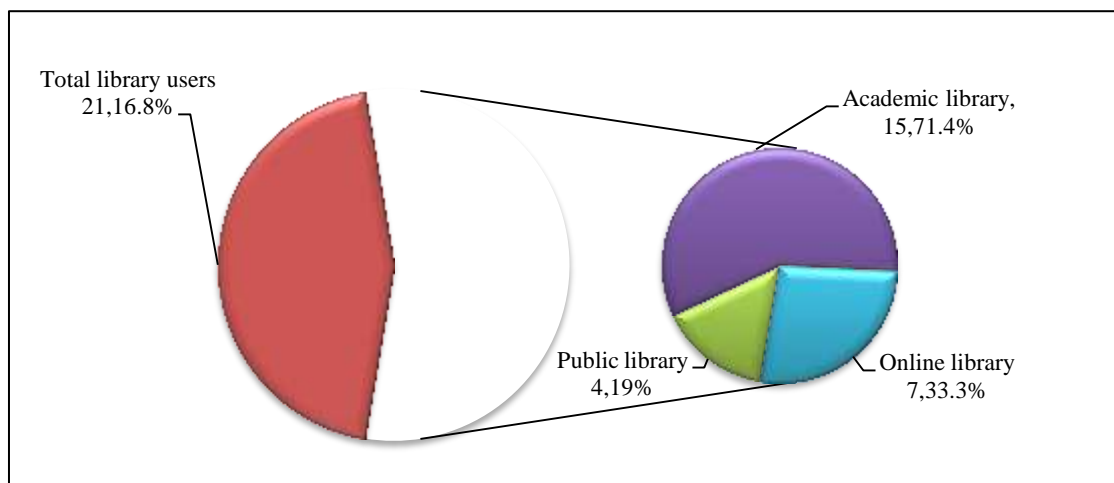


Fig. 2: Type of Libraries Used (Design and Development of Collaborative Model of Health Information Literacy in Jammu Division, unpublished thesis)

Out of total 21 library users 19% used the public library include the District library or Shri Ranbhir Library for basic health information to support their health decisions, 71.4% used academic library i.e. college library or university library, where as 33.3% used the online libraries. It was found that none of respondent uses the library as their primary information sources as well no active approach was followed. Libraries possess collection of quality/ reliable information in a wide variety of formats. Libraries have collection such as books, government reports, CDs, DVDs, magazines and journals. Some of the libraries in J&K possess rare books, manuscripts, map and other special collections. The resource in libraries is quite reliable in comparison to be different from most of the information that is freely available over the Internet because these are reviewed and recommended by the library with input from the members. During the survey it was found that out of the total respondents, only a few of respondent’s used the library in their lifetime, out of which only 6.8% used it for the health information. Libraries are still underrated and estimated for its role in holding the information.

Table 4: Reasons for Not Using Libraries

Reasons for not Using Libraries	N =279 (%) [†]
The library is used for academics	19(6.8)
Only highly educated people use library	19(6.8)
Libraries are less informative	14(4.66)
Time consumed in browsing library	13(4.65)
Libraries are for kids	10(3.58)
Library Don t have such information	6(2.1)
[†] Multiple response	

Most respondents found to be not interested in using libraries for health information because 4.65% respondents believe that the libraries were time-consuming and 3.5 % state that the libraries are for small kids and not for adults. Whereas, 6.8% of the survey respondents state the libraries are used for only the academic purposes, 4.6% state that the libraries do not provide the health information, a 6.8% state the libraries can only be used by the highly educated people only and 2.1% don't know about the libraries. By analysing the reasons for not using the libraries for health information, it was found that libraries are still under estimated for their participation and usability. Libraries are still known for the complexity of information sources that could be understood by highly educated people and can be useful for the academics. This may be because of the fact that libraries have

maintained their traditional reputation of mere consultation where the staff didn't played any role in the dissemination of health information.

3.6 Internet as the Source of Health Information : When the respondents were asked about the use of Internet, the respondents expressed their mistrust and low experience level while using the computers and Internet. Out of the total 300 respondents, only 74 respondents use Internet. The awareness regarding Internet usability could be was one of the weakest components of overall information literacy and therefore ability to use the technology to complete a information search appear to hinder them in any way. Out of total 74 Internet users only 54 respondents used Internet for health information search. The respondents had a minimal experience in engaging the Internet to find health information was based on their view of the Internet as a source of more informal and personal communication. In their experience, the Internet can primarily be used for personal social tasks, specifically for social networking activities, chatting, emailing and gaming. Therefore, they were unlikely to use online sources for health information, because of their inability to use the technology and their ideas about using the Internet as a health information sources. Their favourite online activity was social networking. Each of the respondents who access Internet had spent much time on the social networking sites like Facebook. As they believe in this modern world it is the fastest medium of communication with their near ones.

Thus, it was found that the respondents use various methods while searching the health information, either they used the keyword search and click and search method. These methods required minimal technical knowledge and they haphazardly expecting the trials and errors to be part of finding the relevant websites for desired health information without evaluating its resources.

4.0 Conclusion and Recommendations:

Both the print media and non-print media were used/ accessed for health information. Respondents received information about health issues from conversations with family, friends, or co-workers through local prescriptions, which usually resulted, self-treatment. Very less number of the respondents access information sources like hospital literature, Internet, library, magazine and hoardings or posters because either they were not aware of the source or they found the said information sources was in very technical language. By improving the health literacy, information literacy and health information literacy can be seen as a lifelong learning process as individuals gain health information at each stage of the life. Even then health information literacy ought to be taken as a challenge.

The respondents didn't have strong e-health literacy skills throughout the process of seeking health information. The number of the information sources accessed, increased with the qualification. This was because of increasing reading skills with qualification. In addition to this the number of health information sources was significantly correlated with state of health, and monthly income. Thus, information would be gathered and used by the person who has the higher skills of reading, and could access the high quality information sources and thus adopted healthy lifestyle.

- DHS should collect the information related to the individual demographic characters, and spoken and written communications in health records, integrated into the health management information systems, and ensured to be sporadically updated.
- The national standards for medical information for public should be maintained and community interpreter training, skills assessment, certification and codes of ethics should be priority.
- There is the need to maintain a demographic and cultural profile of the community so as to plan accurately and implement health information services.
- Libraries need to acquire the plain language material in different formats on the health issues (printed, audiotapes, videotapes, visuals etc.) considering the demographic characters of the native population. This can further provide translation facilities in local, national and English language.
- Development of a health information web portal possessing all types of health information regarding the disease and their treatments in a simplified manner. This multilingual (including local language) web portal should be created which would produce the simplified information regarding the health services in the State. These sites meanwhile should be updated frequently.
- Mobile telephones and SMS, blogs and RSS news feeds are relatively recent innovations however have the potential to greatly assist awareness-raising campaigns of health information in Jammu division wherever the Internet is available. Bringing out the national health newspaper/ magazine for the dissemination of reliable health information at the nominal prices with their translations in local languages in different part of the state and the country would enrich the health knowledge.
- Establishing a collaborative network of mobile devices that would offer reliable crucial, general health information and instant health information to the users in rural as well as the urban area.

- Establishing the dedicated native language (Dogri) or multilingual TV and radio channels for providing health information.
- The Government should recognise various types of libraries and therefore the provision of health information seriously; thence, government ought to allot human and technical resources to libraries, especially, public libraries so as for them to try and do job expeditiously.

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