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A cross sectional study to assess the health information seeking behaviour regarding pregnancy among rural women of selected villages of Ambala, Haryana

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Abstract

Objectives: To identify the health information seeking behaviour regarding pregnancy among rural women of village Mullana, Dist. Ambala, Haryana.

Methods: Quantitative approach, Non-experimental descriptive study was conducted on pregnant women of selected villages of Ambala, Haryana with 100 women at village Mullana, Dist. Ambala Haryana. Purposive sampling technique was used and the data was collected by structured health information seeking questionnaire on resources and Self structured checklist on challenges faced while seeking health information with interview technique.

Result: It shows that out of 100 women, 65% of women ask herself regarding health information, 65% subjects knew regarding antenatal check-ups after conceiving. In Personal barriers 40% lack of time; In Mass media barriers 78% library, 40% magazines, 36% books, 20% newspaper, 1% television, 0% mobile phones; In Geographical barriers 25% too far, 25% no transportation, In Institutional barriers 62% long waiting room, In Social barriers 17% negotiation of household responsibilities. While checking the association between selected demographic variables with the availability of resources we reject null hypothesis and infer that there is statistical significant relation between the age of the subjects and availability of resources i.e. calculated p-value is less than the tabulated p-value at 0.05. we reject null hypothesis and infer that there is statistical significant relation between the age of the subjects and availability of resources i.e. calculated p-value is less than the tabulated p-value at 0.05 Association between selected demographic variables with the barriers faced by women while seeking information.

Conclusion: This study concluded that there are lots of resources regarding health information are available still the rural women are not aware and lack of information regarding pregnancy due to barriers facing by them and only 55% women are going for general health checkups when doctor called and 45% still not going.

Keywords: Pregnancy, health information seeking behaviour

Introduction

Pregnancy, becoming pregnant is the happiest moment in a woman's life and also the most important one! There is a saying that a woman is not complete if she hasn't gone through even one pregnancy in her whole lifetime. The World Health Organization recommends four antenatal visits, delivery in a health facility and three postnatal care visits for women to optimize the maternal health outcomes (Viau, Padula & Eddy, 2002) [1].

According to WHO 30% mothers had 4 or more antenatal care visits, 63% deliveries occurred in non-health facilities. 36% mothers received no postnatal care visit. 18.5% mothers achieved the WHO recommended optimal level of maternal care, to identify the problems faced individual in compliance to WHO recommendations. According to WHO it was estimated that the maternal mortality rate is higher in rural areas than in the urban ones. Maternal Mortality is related to self-care abilities and knowledge of pregnant women which is further related with the type of health information available to women. (Viau, Padula & Eddy, 2002) [2].

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Primary factors which affect maternal and child health care in India includes the insufficient utilization, access and promotion of health information (Vora *et al.*, 2009) [8]. An enquiry in maternal literacy status and wealth are the other significant factors. Mothers from rural areas are generally illiterate and are less likely to use basic health care (Delhi, 2006). Only 18 percent of mothers in this quintile seek prenatal care or have institutional deliveries compared to 86 percent of mothers with 12 or more years of education (Bank, 1997).

There is a significant failure (death) of research regarding availability of timely and relevant information in health care settings, information needs, and information –seeking behaviour among rural pregnant women in India. Understanding health information needs and health-information-seeking behaviour among rural pregnant women in India can inform national policies and procedures among the rural health care agencies (Das & Sarkar, 2014) [9].

Purpose of the study: is to explore the health information seeking behaviour regarding pregnancy among rural women.

Rationale of the study: for two reasons: first, pregnant women seek out health related information to increase their knowledge related to pregnancy and related complications and secondly, having sense of health situations related to pregnancy is to aid in decision making, to help communication with health providers

Deficiencies of previous study for which present study taken up

This study build upon the strengths of previous studies

while at the same time we are focussing on the online as well as the offline resources, and will be providing the pamphlet to improve the knowledge and self-care among pregnant women and this attempt will try to fill the gaps assessed in the previous studies.

Materials and Methods

Methodology

The Quantitative research approach with Non experimental descriptive design was selected for the present study. A formal approval was obtained from the authorities and ethical consent was obtained from all subjects. A total of 100 women who were residing in the village mullana, Dist, Ambala and women who delivered the child within past 6 months selected by purposive sampling technique. Participants were eligible if they were the pregnant women and the women who delivered the child within past 6 months and the women who fulfil the designated criteria and attended PHC for regular health check-up. Participants who were not willing to participate and non pregnant women were excluded from the study. Self structured health information seeking questionnaire on resources and Self structured checklist on challenges faced while seeking health information tools and interview technique were used to collect the data. The data was analyzed by SPSS 16.0 version by descriptive statistics.

Result

Selected Variables in the present study were age, religion, educational level, employment status, family income, marital status, obstetrical history, Primary sources for payment for all maternity care services, Type of family, Co-morbidities, Any miscarriage in past.

Table 1: Frequency and percentage distribution of women health information seeking behaviour regarding pregnancy

Variables	Options	Frequency (f %)
Do you yourself ask regarding health information?	Yes	65
	No	35
Who take decisions regarding seeking health information?	Myself	24
	Husband	47
	Family	29
What are your actions after finding information?	Implement what I have learnt directly	63
	Verify the information through more than one source on the internet	37
	I don't apply what I have learned	0
	Further discussion	0
How often you went for your check-ups?	Only when doctor called	55
	Only when feel needed	12
	Regular check-ups	33
What is the time for seeking the health information?	Before- conceiving	35
	After-conceiving	65
	Only when faced problem	0
When did you came to know regarding antenatal check-ups?	Already know before marriage	39
	From family members	46
	From health worker/physician	15

Frequency and Percentage distribution was used to analyze the health information seeking behaviour among women residing in village Mullana, Dist Ambala Haryana. It shows that out of 100 women 65% of women ask herself regarding health information. Majority of husband by 47% takes

decision regarding seeking health information, 63% of subjects implement directly what they have learnt, 55% subjects went for check-up only when doctor called, 65% subjects knew regarding antenatal check-ups after conceiving and in time of knowing regarding.

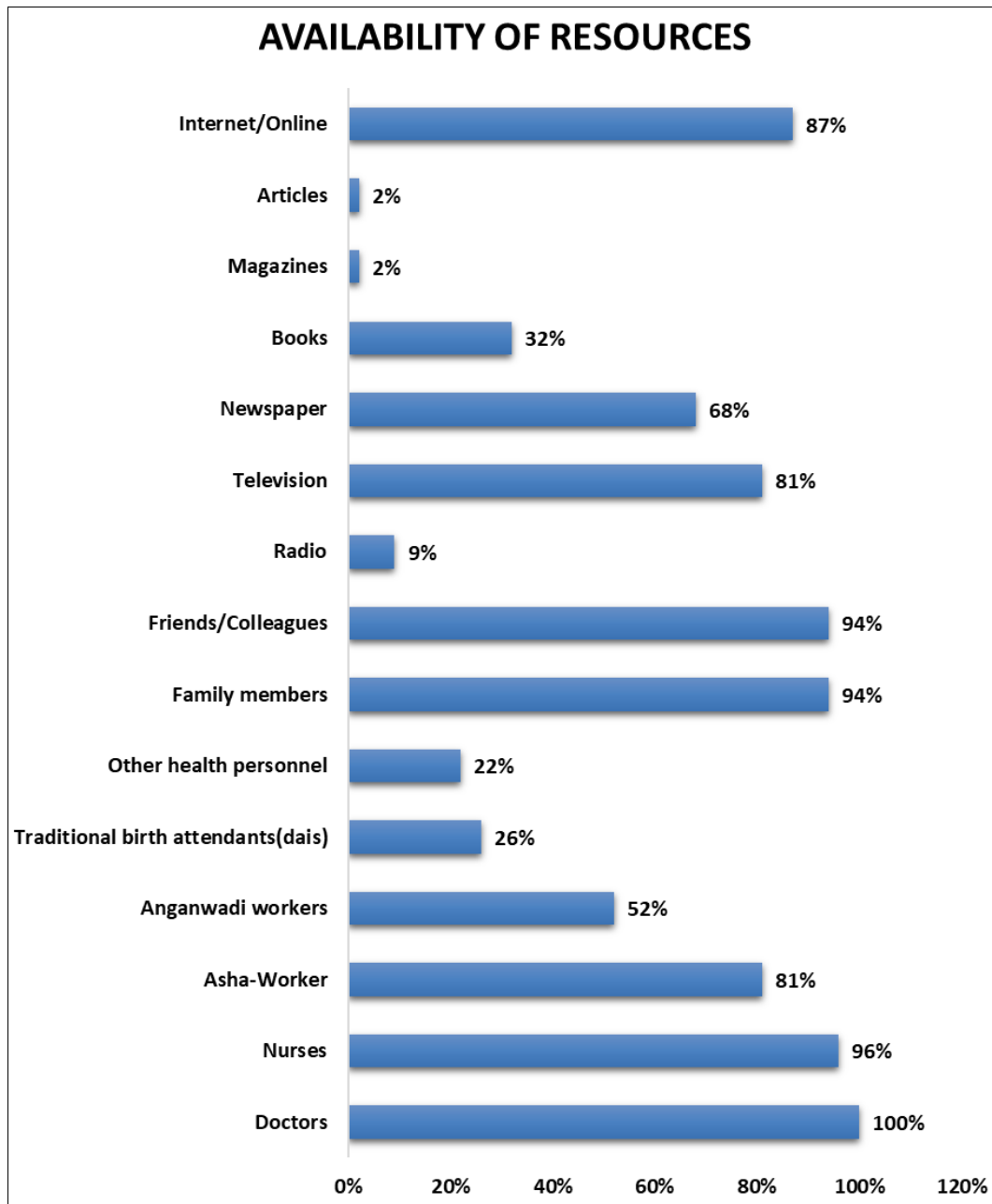


Fig 1: Availability of resources to women during pregnancy

Table 2: Descriptive statistics of availability of resources

Variables	Mean	SD	Median	Maximum	Minimum	Range	N	Mean %
Use of Resources Scores	8.46	1.64	8.00	12.00	4.00	8.00	100	56.4%

Table 3: Frequency and percentage distribution of areas in which women generally seek knowledge about pregnancy and childbirth related areas

Topics	Frequency (f %)
Regarding baby’s growth	97
Body changes during pregnancy	95
Skin changes during pregnancy	87
Food craving during pregnancy	83
Weight gain during pregnancy	78
Morning sickness	80
Being tired during pregnancy	65
Muscle cramps and swelling during pregnancy	45
Bleeding and spotting during pregnancy	53
Pregnancy complications(diabetes, high blood pressure, pre-eclampsia)	52
Exercises during pregnancy	77
What should be eaten during pregnancy	97
What should not be eaten during pregnancy	97

Medications I should take during pregnancy	93
Herbal medicines during pregnancy	49
Drinking caffeine during pregnancy	27
Drinking alcohol during pregnancy	20
Smoking during pregnancy	19
Sex during pregnancy	7
Stages of pregnancy (what happens to the body during childbirth)	55
Procedure during birth	86
Type of delivery	94
How my workplace affects me and my baby during pregnancy	84
Birth defects	78
Choosing a health care provider during pregnancy	94
Choosing a hospital during delivery	94
Alternate birth setting(birth centre or home birth)	97
How to pay for pregnancy and childbirth related expenses	93
Effect of pre-existing health condition during pregnancy	69
Enter topic not listed above	2

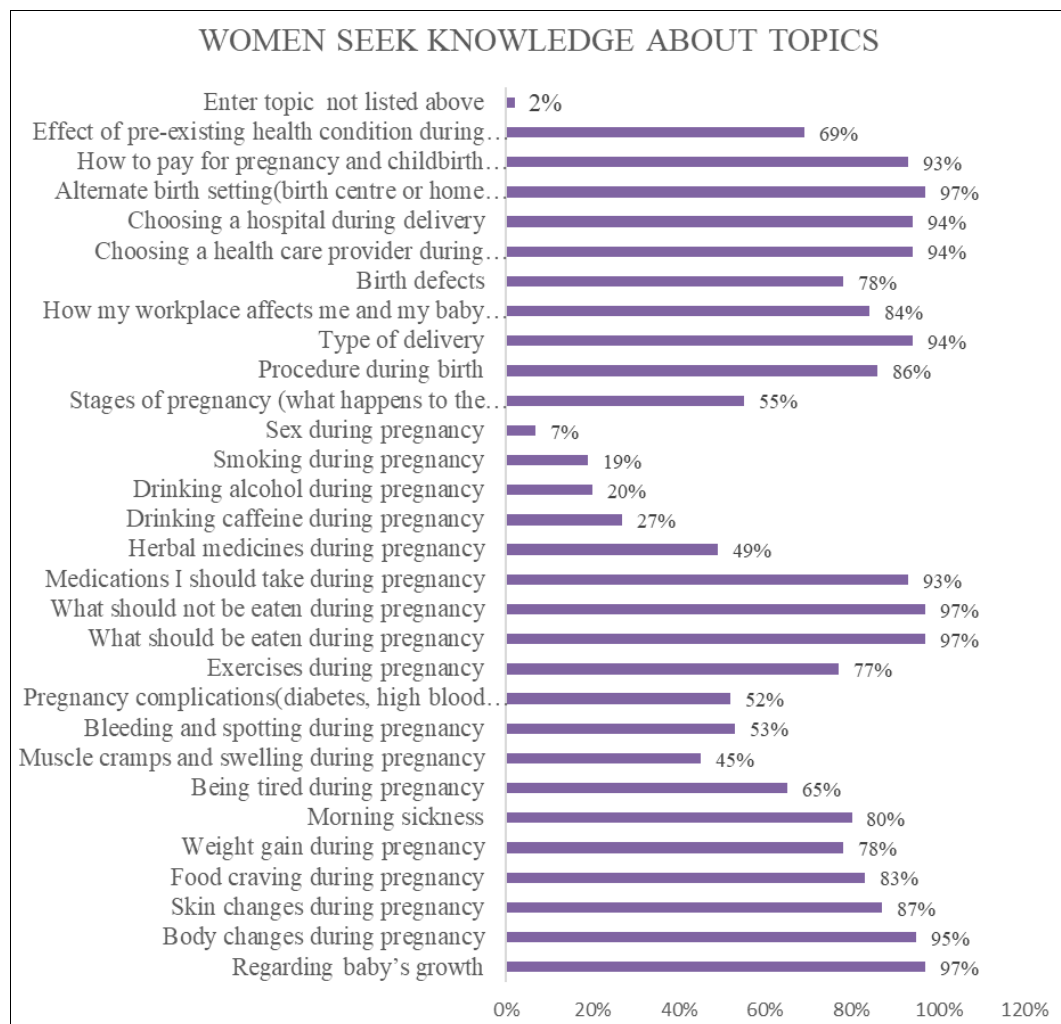


Fig 2: Shows frequency and percentage distribution of the areas in which women generally seek knowledge about pregnancy and childbirth related areas.

Table 4: Frequency and percentage distribution of barriers faced by women while seeking health information

Barriers	Frequency (f %)
Personal Barriers	
Lack of time	40
Lack of awareness on the existence of information	2
Feeling shy or scared to ask questions	29
Feeling embarrassed to discuss pregnancy related thing with family members	10
Feeling embarrassed to discuss pregnancy related things with health care provider	1
Illiteracy/less education	15
Mass Media Barriers	

Mobile phones	0
Television	1
Library	78
Newspaper	20
Books	36
Magazines	40
Geographical Barriers	
Too far	25
Bumpy road	23
Isolated area	10
No transportation	25
Institutional Barriers	
Long waiting room	62
Inconvenient service hours	48
Good service not available	35
No female doctor	4
Lack of health educational information from health care providers	10
Lack of qualified health professionals	15
No informative centre in the community	12
Social Barriers	
Family pressure	6
Negotiation of household responsibilities	17
Partner / Family would not allow to take information	0
Against religious beliefs/cultural values	0
No one can accompany	0
No support from husband	0
No support from mother in law	0
Any other challenges faced:	0

Table 3 shows barriers faced by women while seeking health information In Personal barriers 40% lack of time; In Mass media barriers 78% library, 40% magazines, 36% books, 20% newspaper, 1% television, 0% mobile phones;

In Geographical barriers 25% too far, 25% no transportation, In Institutional barriers 62% long waiting room,; In Social barriers17% negotiation of household responsibilities.

Table 5: Association between selected demographic variables with availability of resources

Demographic Data		Use of resources scores			Association with				
Variables	Opts	Poor	Average	Good	Chi Test	P Value	df	Table Value	Result
Age (in years)	18-25 years	1	40	6	12.147	0.016	4	9.488	Significant
	26-33 years	0	43	6					
	34-41 years	1	3	0					
	More than 41years	0	0	0					
Religion	Hindu	1	17	5	3.692	0.158	2	5.991	Not Significant
	Sikh	1	69	7					
	Christian	0	0	0					
	Others	0	0	0					
Educational Status	Non-littrate	0	8	1	5.357	0.719	8	15.507	Not Significant
	Primary	0	17	1					
	Secondary	2	34	7					
	Higher secondary	0	20	3					
	Under-graduate	0	7	0					
Marital status	Post-graduate or above	0	0	0	0.332	0.988	4	9.488	Not Significant
	Married	2	84	12					
	Divorced/separated	0	1	0					
Employment status	Widowed	0	1	0	8.390	0.211	6	12.592	Not Significant
	Unemployed	1	9	0					
	Govt. employed	0	0	0					
	Private employee	0	15	0					
	Home-maker	1	54	10					
Family income (in rupees) per month	Self-employed/business women	0	8	2	6.135	0.632	8	15.507	Not Significant
	<10,000 Rs	0	11	1					
	10,001 – 20,000 Rs	1	52	5					
	20,001 – 30,000 Rs	1	19	4					
	30,001 – 40,000 Rs	0	3	2					
Obstetrical history	> 40,000 Rs	0	1	0	3.598	0.165	2	5.991	Not
	Primigravida	0	40	8					

	Multigravida	2	46	4					Significant
What was the primary source of payment for all your maternity care services?	Self	0	24	0	15.580	0.049	8	15.507	Significant
	Insurance	0	1	0					
	Husband	1	48	9					
	In-laws	0	9	3					
	Parents	0	0	0					
	Other family members	1	4	0					
Type of family?	Nuclear	2	41	5	5.991	0.200	4	9.488	Not Significant
	Joint	0	30	7					
	Extended	0	15	0					
Co- morbidities, if yes, mention.	No	2	79	11	0.178	0.915	2	5.991	Not Significant
	Yes	0	7	1					
Any miscarriage in past, if yes mention the reason	No	2	75	10	0.445	0.801	2	5.991	Not Significant
	Yes	0	11	2					
Do you yourself ask regarding health information?	Yes	1	59	5	3.561	0.169	2	5.991	Not Significant
	No	1	27	7					
Who take decisions regarding seeking health information?	Myself	0	21	3	4.371	0.358	4	9.488	Not Significant
	Husband	1	43	3					
	Family	1	22	6					
What are your actions after finding information?	Implement what I have learnt directly	2	54	7	1.288	0.525	2	5.991	Not Significant
	Verify the information through more than one source on the internet	0	32	5					
	I don't apply what I have learned	0	0	0					
	Further discussion	0	0	0					
How often you went for your check-ups?	Only when doctor called	1	49	5	1.441	0.837	4	9.488	Not Significant
	Only when feel needed	0	10	2					
	Regular check-ups	1	27	5					
What is the time for seeking the health information?	Before- conceiving	0	32	3	1.789	0.409	2	5.991	Not Significant
	After-conceiving	2	54	9					
	Only when faced problem	0	0	0					
When did you came to know regarding antenatal check-ups?	Already know before marriage	0	35	4	5.902	0.207	4	9.488	Not Significant
	From family members	2	40	4					
	From health worker/physician	0	11	4					

Table 5 show association between selected demographic variables with the availability of resources therefore there is significant relationship between the age, the primary source of payment for all maternity care services with the

availability of resources therefore we reject null hypothesis and infer that there is statistical significant relation between the age of the subjects and availability of resources i.e. calculated p-value is less than the tabulated p-value at 0.05.

Table 6: Association between selected demographic variables with the barriers faced by women while seeking information

Demographic Data		Barriers faced			Association with				
Variables	Opts	Low	Average	High	Chi Test	P Value	df	Table Value	Result
Age (in years)	18-25 years	44	3	0	0.269	0.874	2	5.991	Not Significant
	26-33 years	46	3	0					
	34-41 years	4	0	0					
	More than 41 years	0	0	0					
Religion	Hindu	23	0	0	1.907	0.167	1	3.841	Not Significant
	Sikh	71	6	0					
	Christian	0	0	0					
	Others	0	0	0					
Educational Status	Non-literate	9	0	0	3.298	0.509	4	9.488	Not Significant
	Primary	18	0	0					
	Secondary	39	4	0					
	Higher secondary	21	2	0					
	Under-graduate	7	0	0					
Marital status	Post-graduate or above	0	0	0	0.130	0.937	2	5.991	Not Significant
	Married	92	6	0					
	Divorced/separated	1	0	0					
Employment status	Widowed	1	0	0	7.119	0.068	3	7.815	Not Significant
	Unemployed	10	0	0					
	Govt.employed	0	0	0					
	Private employee	12	3	0					
	Home-maker	63	2	0					
Family income (in rupees) per month	Self-employed/business-women	9	1	0	1.998	0.736	4	9.488	Not Significant
	<10,000 Rs	12	0	0					
	10,001 – 20,000 Rs	53	5	0					

	20,001 – 30,000 Rs	23	1	0	0.010	0.919	1	3.841	Not Significant
	30,001 – 40,000 Rs	5	0	0					
	> 40,000 Rs	1	0	0					
Obstetrical history	Primigravida	45	3	0	0.010	0.919	1	3.841	Not Significant
	Multigravida	49	3	0					
What was the primary source of payment for all your maternity care services?	Self	24	0	0	4.418	0.352	4	9.488	Not Significant
	Insurance	1	0	0					
	Husband	54	4	0					
	In-laws	10	2	0					
	Parents	0	0	0					
	Other family members	5	0	0					
Type of family?	Nuclear	47	1	0	6.542	0.038	2	5.991	Significant
	Joint	35	2	0					
	Extended	12	3	0					
Co- morbidities, if yes, mention.	No	87	5	0	0.651	0.420	1	3.841	Not Significant
	Yes	7	1	0					
Any miscarriage in past, if yes mention the reason	No	81	6	0	0.954	0.329	1	3.841	Not Significant
	Yes	13	0	0					
Do you yourself ask regarding health information?	Yes	61	4	0	0.008	0.930	1	3.841	Not Significant
	No	33	2	0					
Who take decisions regarding seeking health information?	Myself	23	1	0	4.515	0.105	2	5.991	Not Significant
	Husband	46	1	0					
	Family	25	4	0					
What are your actions after finding information?	Implement what I have learnt directly	58	5	0	1.132	0.287	1	3.841	Not Significant
	Verify the information through more than one source on the internet	36	1	0					
	I don't apply what I have learned	0	0	0					
	Further discussion	0	0	0					
How often you went for your check-ups?	Only when doctor called	52	3	0	1.354	0.508	2	5.991	Not Significant
	Only when feel needed	12	0	0					
	Regular check-ups	30	3	0					
What is the time for seeking the health information?	Before- conceiving	34	1	0	0.943	0.332	1	3.841	Not Significant
	After-conceiving	60	5	0					
	Only when faced problem	0	0	0					
When did you came to know regarding antenatal check-ups?	Already know before marriage	37	2	0	1.705	0.426	2	5.991	Not Significant

Table 6 shows Association between selected demographic variables with the barriers faced by women while seeking information therefore there is significant relationship between the type of family in which subject lives with the barriers faced by subjects while seeking health information therefore we reject null hypothesis and infer that there is statistical significant relation between the age of the subjects and availability of resources i.e. calculated p-value is less than the tabulated p-value at 0.05.

Discussion

Objective 1: To assess the health information seeking behaviour regarding pregnancy among rural women.

In our study, it has been found that among 100 sample size, 65% of women ask herself regarding health information. Majority of husband by 47% takes decision regarding seeking health information, 63% of subjects implement directly what they have learnt, 55% subjects went for check-up only when doctor called, 65% subjects knew regarding antenatal check-ups after conceiving and in time of knowing regarding antenatal check-up 46% of subjects knows from family members.

Objective 2: To determine the health information resources available during pregnancy to rural women.

In this present study, by using interview method the data were collected to determine the health information resources available during pregnancy to rural women, it has been found that among 100 sample size, 100% Doctors, 96%

Nurses, 94% Family members, 94% Friends/Colleagues, 87% Internet/Online, 81% Asha-worker, 81% Television, 68% Newspaper, 52% Anganwadi workers, 32% Books, 26% Traditional birth attendants(dais), 22% Other health personnel, 9% Radio, 2% Magazines, 2% Articles.

Objective 3: To assess the challenges faced by rural women during pregnancy for seeking health information.

In our present study, it has been found that among 100 sample size, In Personal barriers 40% lack of time; In Mass media barriers 78% library, 40% magazines, 36% books, 20% newspaper, 1% television, 0% mobile phones; In Geographical barriers 25% too far, 25% no transportation, In Institutional barriers 62% long waiting room.; In Social barriers 17% negotiation of household responsibilities.

Objective 4: To find out the association between the selected demographic variables with available resources among rural women of selected villages of. Ambala, Haryana

In our present study it was concluded that there is significant relationship between the age with the availability of resources and there is also a significant relationship between the primary source of payment for all maternity care services with the availability of resources therefore we reject null hypothesis and infer that there is statistical significant relation between the age of the subjects and availability of resources i.e. calculated p-value is less than the tabulated p-value at 0.05.

Objective 5: To find out the association between the selected demographic variables with the barriers faced by women while seeking information among rural women of selected villages of Ambala, Haryana.

In our present study it was concluded that there is significant relationship between the type of family in which subject lives with the barriers faced by subjects while seeking health information therefore we reject null hypothesis and infer that there is statistical significant relation between the age of the subjects and availability of resources i.e. calculated p-value is less than the tabulated p-value at 0.05.

Objective 6: To develop an informational pamphlet on self-care during pregnancy for rural women.

In our present study, self-structured informational pamphlet on self-care during pregnancy was made and distributed to the rural women. Pamphlet contains all the necessary information which is useful during pregnancy and can help the rural women for take caring of herself during pregnancy.

Implications

Nursing education

Interested ways to teach the women regarding self-care during pregnancy should be administered, institutional services should be modified, there should be proper maintenance of roads and proper facilities of transport should be available.

Nursing Practice

They must be knowing about all the resources which women can use during pregnancy for seeking health information. While her duty, nurse can educate the women regarding the available resources they can use.

Nursing Administration

Nurse must have updated knowledge regarding resources women can use during pregnancy for seeking health information and also having proper knowledge about pregnancy and childbirth related area, nurse administrator can provide workshops and symposium for upgradation of their staff knowledge and provide with some kind of small rewards for the participated staff members as way of positive reinforcement.

Nursing Research

- As pregnancy is the phase every women wishes to have and enjoy, in rural areas there is less knowledge about pregnancy and childbirth to the women due to lack of support or lack of less medical exposure related to pregnancy, so it is very important to assess the health information seeking behaviour of the rural women regarding pregnancy to know in which areas they are using and in which areas they are lacking to explore.
- Link the conclusion with goal Knowledge regarding pregnancy and especially regarding diet, exercise, medicine, screening test in a special manner whenever women went for check-up should be provided to the rural women as due to some of the reasons they won't be able to know much regarding pregnancy, therefore there will be less chances of foetal death.

Further Recommendations

Based upon the findings of the study, the following recommendations are made:

For generalising the findings, the study should be conducted over a large sample size. Similar study can be conducted to

find out the reason of more foetal death among rural women. Similar study can be conducted to overcome the barriers faced by rural women while seeking information by providing workshops, symposium in which the women and their family members will be participating.

Limitations of the study

The study should be conducted over a large sample.

Conflict of Interest

Not available

Financial Support

Not available

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