

# Health Information Seeking and Use Among Rural Poor Families in West Java, Indonesia

By:

Pawit M. Yusup and Neneng Komariah  
(Padjadjaran University, Indonesia)

## Abstract

The purpose of this research is to map patterns of health information need, seeking and use of deprived families in *Kabupaten* Bandung, West Java. This study used the survey method towards 136 people belonging to the deprived population. The results show: (1) the most prominent information need dimension is related to the basic needs comprising food, clothing, shelter (housing), health, and education, (2) the most prominent health information seeking dimension is related to seeking actively for informal interpersonal sources, and (3) the most prominent information use dimension is the type of health information acquired from selected health experts, neighbors and family as well. The main conclusion is the need for health information has not yet become a priority for the poor people, however when they need the information they will seek actively to informal information sources and they use this information to solve their health problem.

Keywords: health information needs, health information seeking, health information use

## 1. Introduction

David Johnstone and Mary Tate (2004) clarify that everyone is a seeker and a user of information, and it is a part of everyday life. The seeking out and use of information is in the interests of, such as work, health, finances, family, entertainment, and others, which are provided by an abundance of various sources and channels. "People seek out and use information constantly as part of their daily life. Relating to work, leisure, health, money, family, and a host of other topics, is sought from a huge range of sources" (Johnstone and Tate, 2004: 1).

In the health sector, for instance every person, need, seek, and use health information in various ways, directly or indirectly. Indirectly, for example, when an individual is passively receiving information from the media or from a person, and this includes the passive search category. While, directly is when a person intentionally aims to seek out for health information through various ways, such as, inquiring to a person, a health care institution, a doctor, a midwife, or to other health information sources, including obtaining information from the media.

Despite the availability of various medical facilities in the community, in reality, the living conditions of the people regarding their orientation, action, and behavior towards

health are still unsatisfactory. Many of the community members still do not act or behave according to the norms of healthy life, for themselves as well as for social health. Many community members for example, still dispose of trash improperly, still smoke in public spaces regardless of their health and those of others, consume food that allegedly do not meet the health standards, create and prepare food bags containing harmful substances, do not pay attention to the environment, close the ditches around their house, have irregular meals and consume food which do not comply with balanced nutrition, do not pay attention to various snacks suspected to contain dyes and other substances which might be harmful to children's health, and other behaviors which indicate a person or group of people without orientation, attitude and behavior of healthy living.

Case studies in the food sector comprise various reports which have been published in various printed and electronic media, such as by [Republika.co.id](http://Republika.co.id), Bogor, on Tuesday, July 20, 2010; [Mataram Lombok FM Global](http://Mataram Lombok FM Global), June 2, 2011; [Gizi.net](http://Gizi.net), Thursday, October 14, 2004, and headline, Monday, January 4, 2010, all of them informed that a lot of kids' snacks sold around us, including in schools, contain harmful substances. Besides the use of various textile dyes, the use of food preservatives often exceeds the recommended dosage. Such practices of unhealthy lifestyle are commonly found among the disadvantaged category. This study used the conception of the BKKBN (Badan Koordinasi Keluarga Berencana Nasional - National Family Planning Coordinating Board) to define underprivileged families, with the characteristic that it cannot yet meet one or more indicators which include: (1) economic indicators: have two meals a day, own different clothes for different occasions (e.g. for at home, work or school and traveling), the largest part of the house floor is not made of earth, and (2) non-economic indicators: implement a worship task, bring a sick child to a health center.

Meanwhile, in the family environment such as, orientation, attitudes and behavior of healthy lifestyle, in fact does not only concern food, but also covers other aspects as a whole such as: delivery is not assisted by health workers; no breast-feeding for babies; no regular monthly weighing for children under five, unavailability of clean water for eating and drinking; do not wash hands with soap and clean water; do not make use of the public toilet; do not eradicate mosquito larvae periodically; do not consume enough fruit and vegetables daily, do not exercise physical activities daily (regular exercise); smoking; consume unhealthy and unhygienic snacks, as well as neglecting the health and sanitation of the environment. Many factors implicitly influence this unhealthy lifestyle, such as education, culture, age, habits, and type of illness of a person. (Source: Afifah, 2000; Sandra Imelda H., 2002; Iriansyah, Yorvandi 2008, and Puspitasari and Dyah Anggraini, 2010).

Although not on a similar level, all members of the society know that information and sources of health information are available around them. Mass media, such as television,

radio, newspapers as well as health practitioners and health institutions, in fact, have already tried to convey diverse health information in various ways and forms. Actually, the members of disadvantaged families did not escape their attention regarding their search and use of health information. Meaning, the disadvantaged families have proportional access to information and health information resources available in the community.

Based on the above description, this study intends to map out the patterns of need, seeking, and use of information on public health, especially in communities belonging to the underprivileged category in the sub district of Rancaekek, district of Bandung, which includes the dimensions of: (1) information needs, (2) information seeking, and (3) information use. The aim is to map the outcome of the three-dimensional question.

## **2. Research Methods**

This study used the survey method. In general, survey means to measure or to estimate. However, in a research, a survey means a way of making observations in which the indicator variables are the answers to questions given to respondents either orally or written. Surveys are usually conducted once. The researcher will not make an attempt to regulate or control the situation. Therefore, the changes of the variables are the outcome of events that occurred on its own. (Bailey,1987). The survey is included in the type of descriptive research (Rachmat, 1987).

Due to the difficulty in obtaining data on the number of poor people in each village in Bandung, West Jawa, it was decided to use the model sampling region or village. Meanwhile, the sample size was set at 136 people categorized as poor people, spread across the three selected villages. The sample members were selected based on the criteria of poverty proposed by the World Bank and the BKKBN (2011) as mention above. Instrument of collecting data is questionnaire which consists of 35 questions. The data was analysed by descriptive statistics and it displayed on tables of distribution of frequency.

## **3. Results and Discussion**

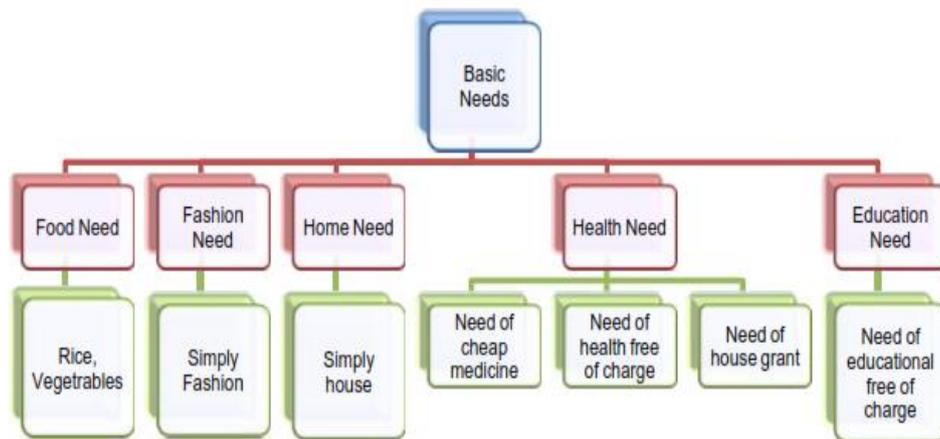
### *Dimensions of Needs*

Various types of information needs can be disclosed to any person, including health information needs for disadvantaged populations. The types of needs are, such as perceived, actual, ideal, urgent, suspended, continuous, discrete, regular, irregular, and so on. (Sridhar 1988). The requirements applicable to the population categorized as

disadvantaged (poor) are not similar to those applicable to the type of needs of the non-poor category, although this type of categorization can be similar.

Field research data show that the most dominant type of needs for the disadvantaged population group is the basic needs, which is strongly connected to the physiological needs of human beings, which are the need of food, clothing, shelter, health, and education. The five types of basic needs nearly always form the background of all behaviors of the disadvantaged population category (poor) in all respects, including the health information seeking behavior to support the family's health.

The following figure describes the dimensions of the basic needs of the disadvantaged population category. It shows a general model with the priority on the type of food needs. While the type of health needs is manifested in the form of expectation of receiving free medical assistance, inexpensive treatment, and regular assistance.



Picture: Basic Needs Model of Rural Poor Family

Next is a summary of the results of research, specifically in the dimension of health information needs for disadvantaged families:

- 1) Basic needs such as food: It is a very basic and physiological requirement. This type of requirement is absolutely necessary; in fact it is more required than the other types of needs. Food need cannot be postponed, while other needs may come afterward.
- 2) Basic needs such as clothing: This requirement also includes a type, inherent to the food needs, and therefore it should be present although with simple clothing.

- 3) Basic needs for shelter (housing): Generally, they (the underprivileged population category) consider that housing is a part of the requirements of life. Although very small in size, more than half of the underprivileged populations here already own a house, with an area of approximately 12 m<sup>2</sup>. While, a small number still live in rented houses (paid monthly).
- 4) Basic need for health: Apparently, this need is not a priority among the underprivileged population category (poor) in rural areas. They consider that the need for daily food expenses is more important than the need to spend for health and aspects inherent to it.
- 5) The basic needs for education: Generally, the disadvantaged population category (poor) here expects that their children could receive education until at least high school / vocational school level.

The sequence of need of information mentioned previously is described in the above model.

#### *Dimensions of information seeking:*

Various theories can be used to describe the dimensions of seeking or discovering of information, including health information. For instance, Ellis (1989) has proposed a theoretical concept as follows: "starting, browsing, chaining, monitoring, differentiating, extracting, verifying, ending" (Ellis, 1989 in Godbold, 2006). This theory inclined to be "objectivist", although in practice it can be interpretive. Meanwhile, this paper employs more the concept of information seeking behavior, since its significance is relevant to the social behavior which aims to find information that on the specific level can be interpreted as a *seeking of the meaning* behavior (Kuhlthau, 1993). A similar theory is put forward by Limberg, namely the "information seeking as a process of seeking meaning" (Limberg, Louise 1999, 2; Limberg in Grešková 2007, 2). When it is applied in this research, thus 'meaning' could be an internal process of disadvantaged families in the search for or the discovery of health information. Discussing and communicating with other people, such as relatives and neighbors interpersonally, in order to search for family health information, are also included in the context of this theory.

In addition, Wilson has also proposed his theory about seeking information actively or passively, in the form of "a model of information retrieval actively or passively" (Wilson, 2010). In this study, the applied information seeking process is considered to be active, when a person (a member of a disadvantaged family) is deliberately making efforts to seek health information, to such as neighbors, relatives or health care professionals. Whereas, the

process of information seeking passively, is if a person accidentally obtained health information, such as by watching a TV program, reading a newspaper, and by utilizing other media.

The aspects examined in this his study have exploratory characteristics which aim to map all aspects of information seeking behavior, particularly the seeking for health information conducted by the disadvantaged category (poor). These aspects are described as follows:

- 1) The way poor people seek for family health information. They prefer to inquire to neighbors and relatives, than to visit the doctor and *puskesmas*. In fact, no one is looking through the media and newspapers. Actually, they often browse in various media; however they do not specifically and intentionally seek for health information.
- 2) Also poor people are often comparing health information with each other, such as about the doctors, health centers, *shaman*, buying drugs from a stall, etc. Besides, they also evaluate, monitor, or assess the information conveyed by others. They evaluate if the information can be considered appropriate or are rather doubtful. Meaning, they often consider or think that one health professional is better than another one. In addition to evaluating, respondents also compared health information from health professionals with each other, including from one physician to another one.
- 3) As further development of benchmarking by the poor as stated above, apparently they also make specific detailed distinctions of treatments of a number of health professionals whom they have visited before. Meaning, they often compare one health professional with one another. They assume that a certain doctor is better than the others. On this basis, they immediately decide to use the treatment of a particular health professional and ignore the other one, after the assurance that it is the right choice. Additionally, they often inquire and discuss with health professionals such as doctors, midwives, and other health experts in seeking health information for the family.
- 4) Another aspect of health information seeking by the poor or underprivileged family category is their various experiences related to health information seeking for family health. Their toughest experience is the obstacle of expenses for medical treatment. They often resolve this issue by involving the family, and discussing it with the family in making decisions related to family health.

*Dimensions of information use:*

Theoretically, information use behavior can be described in various ways. One way is by using the theoretical model of Thivant (2005), namely "a new situation, a situation of transition, the situation of fact, the situation is problematic, the situation verdict" (Thivant, E., 2005).

The field research data are analyzed and constructed to produce categorical propositions, as follows:

- 1) From the aspect of actions of the poor when experiencing an illness which is different from the previous one, besides thinking how to seek for an easy treatment, they also seek and inquire to neighbors and relatives as well as to the doctors and other medical experts to assist in its completion.
- 2) When a member of the family got a severe disease for instance, then their actions expressed submission and they pray. They are often in a dilemma of choice, "food or medicine". That is, they have to choose between using the money to pay medical treatment or spend it for the daily meals, and apparently, most of them revealed that spending food is more important, while the cost of treatment can be postponed. The reason is that food matters cannot be delayed, while other expenses can be arranged afterward.
- 3) Another experience from the poor which is related to the use of health information is that they often delay the medical treatment of an illness suffered by members of the family for particular reasons. This reason is still related to food expenses which are considered more important. Hence, respondents often delay treatment because of lack of funds.
- 4) Eventually, in relation to health information use for the benefit of the family, especially associated with their behavior of storing health information, apparently, they do not always keep it. Even so, most of them are storing the documents for future need.

#### *Expectation for health funds*

Linking up the health information seeking and use behavior of the respondents for the benefit of the family, apparently their main priority is to get the attention of the government to obtain regular medical expenses. Meaning, they expect to receive medical costs regularly, or at least get easy and cheap medical treatment.

#### **4. Conclusions and Recommendations:**

- 1) In terms of the dimensions of health information need of the disadvantaged families in the District of Rancaekek, Regency of Bandung, the most prominent is the type of information related to basic needs including food, clothing, shelter, health, and education. The type of need for health information in particular has not yet become a priority, although this type of need is inherent in the other types of basic needs.
- 2) In terms of the dimensions of health information seeking, the most prominent is the way the search is conducted actively toward informal interpersonal sources. Meanwhile, the passive seeking pattern is conducted toward information from media sources, both printed and electronic.
- 3) In terms of dimensions of information use, the most prominent is the type of health information which derives from selected health professionals, as well as from neighbors and families.
- 4) None of them use the information derived from the media, both printed and electronic, except by way of seeking passively.

*Recommendations:*

- 1) Whoever aims to participate in the community development of the underprivileged category should pay attention to the aspects of basic needs which is still a very dominant part in their daily lives.
- 2) Information sources from the media should be multiplied and promoted more intensively, so that disadvantaged families have the health information ready at home, which can be useful at any time for the family members in general.
- 3) They highly expect to get the attention of the government regarding cheap and easy medical treatment. The government should pay attention to their expectations.

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