HEALTH INFORMATION LITERACY AMONG THE RURAL WOMEN: A STUDY OF KURUKSHETRA DISTRICT OF HARYANA

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The present study investigates the health information literacy among rural women of Kurukshetra district of Haryana. The main objectives of the study were to identify the health information needs, the information sources that rural women explore to meet their health information needs, their awareness level regarding the health support programs and the barriers in accessing the health information. Multistage sampling method has been used to collect the data using self-structured questionnaire along one-to-one interview. Total 150 questionnaires were distributed among women of 18 years and above.Total 121 were found valid for analysis. Findings of the study reveal that rural women have various health needs. However, the role of Public Libraries, Gram Panchayat Offices and NGOs is not satisfactory in disseminating health information. 'Lack of time' and 'No proper guidance & counselling' were the main challenges in accessing health related information among the rural women.

Keyword: Information Literacy, Health Information Literacy, Health Literacy – Rural women, Kurukshetra District, Haryana

INTRODUCTION

Women constitute a major part of our society. Due to various socio-cultural factors women are not passive participants in the society. The prevailing diversity and disparity found in India affect the status of women especially their health. The proliferation in the various diseases and the need for prevention from them causes an uproot surge for health information literacy awareness among women.

The Medical Library Association (2003) defines Health Information Literacy as "the set of abilities needed to: recognize a health information need; identify likely information sources and use them to retrieve relevant information; assess the quality of the information and its applicability to a specific situation; and analyse, understand, and use the information to make good health decision". The health of women and their health information literacy is acknowledged as an important factor as they influence not only

their lives but also the well-being of all other family members as they are totally bound to the functioning of the household and a family is a building block of society.

SCOPE OF THE PAPER

The present study is conducted to assess the health Information literacy among rural women of Kurukshetra district of Haryana. Kurukshetra is a culturally rich city having a great Vedic culture and even a greater history. It is believed that it is a holy land where battle of Mahabharat, based on a Hindu epic, was fought. In Kurukshetra district majority of the 71.05% population resides in rural area and the rural female have low literacy rate i.e. 64.61% in comparison with the urban counterparts i.e.79.26% which affects sharply the ability to access to relevant health related information. This is because urban part of the society remains exposed to technologies and evolving environment which helps the urban communities to access the health-relatedinformation more quickly than the rural communities (Patrick, 2016). Between 1970 and 2009 due to theincreased level of education among women 50% of child deaths have been avoided (Langer et al., 2015). According to UNESCO women's literacy is given importance as it is linked with positive health outcomes, including the adoption of family planning, improved nutrition and sanitation.Yates and other (2017) states that "Health information literacy represents new terrain for information literacy research and given the importance of health to individuals and the wider community, it is an issue which undeniably warrants further attention and exploration". This laid a responsibility on library and information profession to help in promoting and enhancing health information literacy within the rural communities, and to play a significant role in helping to shape and create a more health information-literate nation. (Yates et.al., 2017).

REVIEW OF LITERATURE

Ekoko (2020)conducted a study entitled "An assessment of health information literacy among rural women in Delta State, Nigeria". The main aim of the study was to assess the health information literacy of rural women in Delta State, Nigeria by evaluating the functional, communicative and critical health literacy competencies of the women.For conducting the study the survey method was adopted and data was collected by using interview method and total 205 women were interviewed. The result of the study revealed that the majority of the women could not read or write and therefore lagged in functional literacy. The communicative literacy among rural women was also low as majority of the 75.7% women reported that they cannot make decision on the information received from medical personnel.The study shows that critical health literacy among rural women is high but still they depend highly on traditional healers and relatives for getting health related information. The study concluded that the women of Delta State were considered health information literate.

Devi and Verma (2020)conducted a study entitled "Status of health literacy among rural women to community health centres of Sagar region: a survey". The main aim of the study was to know the health literacy among rural women and to assess the management of health services

and function of ten community Health Centre of Sagar region in India. The study shows that majority of the 35.24% women were illiteratein spite of this the awareness of health literacy among rural women was found 54.02% in comparison with 45.97% woman who don't have awareness about health literacy. The result revealed that majority of 36.5% women consult CHS for getting health related information. 72.41% women were aware about contraception method in spite of this the usage off contraception among rural women is quite low. This is due to the fact that they lack in information regarding contraception as stated by 38.69% of rural women.

Rizwan and others (2012) conducted a study entitled "Effect of literacy on family planning practices among married women in rural South India".The main aim of the study was to assess the effect of literacy on family planning among women. Data was collected using well-structured questionnaire from the 100 married women of 15 - 45 years of age who attended OPDs of three PHCsofMaduri district, Tamil Nadu. The study shows that around 50% women have knowledge related to family planning and as the literacy level of women increase the family planning knowledge also increases. The results revealed that 80% of the women underwent abortion among which 1/5th of the woman went for uncertified abortion. It has been found in the study that literacy level of women affects the choice of having number of children as the literacy increases the number of children women have decreases. The preference for male child was more among 73% illiterate woman this may be due to the social norm and dowry practices. The study shows that 54% literate women are using more contraception method as compared with the illiterate women.

Al-Nemaet al. (2017) concluded a study entitled "Health Literacy among Women with different Educational Status in Baghdad." Total 213 women population was studied which was further categorised into two groups, Group A consisting 112 educated women & Group B consisting 101 uneducated women. The study revealed that educated women are much aware about medical problems like viral, hepatitis, cholera, and polio in comparison with uneducated people. However the knowledge regarding the sign, symptoms, transmission related to typhoid were much more among uneducated women as they were likely to suffer from these problems and they learned about these problem from their own personal experiences.The study shows that uneducated people seek medical advice from uncertified persons who prescribe "Herbal Medicine." The study reveals that T.V was the most preferred source of getting information among uneducated women whereas among educated women internet was the main source of getting health related information.

Odini (2013) conducted a study entitled "Accessibility and Utilization of health information by rural women in Vihiga Country, Kenya." The case study method was adopted and sample was collected from 150 women who were residents of Vihiga Country having 15-70 years of age. Majority of the respondents i.e. 80 (68) interviewed during the study were from the age group of 51-60 years. The finding of the study revealed that majority of the women i.e. 109(91%) earn from sale of farm produce. The study

shows that most of the women i.e. 148 (99%) reported malaria as most common disease by which women suffer followed by blood pressure as reported by 14 (92%) women. The women of this village depend upon government health centres for getting information related to various health problems and treatment as the services are provided free but government health centres fails to provide proper prescribed drugs and other services due to which quality health information remain in group accessible to women. Majority of 148(99%) women required health information for "treatment of various diseases" followed by 142 (95%) & 124 (83%) women who required information related to "availability of drugs" and "Immunization respectively." The result indicates that most of the women i.e. 136 (91%) consult relatives for fulfilling their information needs followed by 134 (89%) who depends upon friends and government health centres for getting information respectively. The study revealed that women are not much aware about right to access and strategies made by government to provide required health information. Majority of women i.e. 148 (99%) reported that "Poverty and lack of productive resources were the main problem faced by women while accessing the health related information.

Eriksson et al. (2012) examined the health information Literacy of elderly Finns. Total 1000 questionnaire were distributed out of which 281 were received back. The study revealed that the significant relationship exists between education level, interest in health information, seeking activities, self- related current health and dimensions of health information literacy. It is found that categories of elderly people are more vulnerable regarding obtaining and use of health information: those with lower level of education, those with poor health, and those who are not interested in and active at seeking information.All these studies focussed on various aspects of health information literacy, but did not cover Kurukshetra district of Haryana state. This paper would bridge the gap.

OBJECTIVES OF THE STUDY

The objectives of this study are:

1. To identify the health information needs of rural women in Kurukshetra district of Haryana.
2. To document the information sources that rural women explore to meet their health information needs.
3. To find out the awareness level among rural women regarding the health support programs.
4. To find out the effectiveness of existing health information support programs in the Haryana State.
5. To identify factors as barrier in accessing the health information by rural women.

RESEARCH METHODOLOGY

The aim of the present study is to assess the health information literacy among rural women of Kurukshetra District, Haryana. The sampling has been done using the Multistage sampling method. In first stage: five blocks of Kurukshetra District were selected. In stage two: two villages were selected from each block on the basis of population criterion i.e.: one having highest

female population and the other having lowest female population. The sample size was calculated by using Solvin formula:

$$n = \frac{N}{1 + Ne^2}$$

Where n= sample size, N= Population size, e= the margin of error (0.05)

(Source: Tejada, Jeffry, 2012)

Data collection was done through one-to-one interview with each respondent using self-structured questionnaire. Explanation wherever required was offered. Total 150 questionnaires were distributed among women having age of 18 years and above. Total 121 questionnaires were found valid for analysis.Questionnaires collected from the users have been analysed with the help of statistical tools namely SPSS (Statistical Package for the Social Sciences) and MS Excel using various statistical techniques.

DATA ANALYSIS

Table 1: Demographic Profile of the respondents

Characteristics	Categories	Frequency	`Percentage
Age Group	Between 18 and 27 years	25	20.7
	Between 28 and 37 years	37	30.6
	Between 38 and 47 years	28	23.1
	Between 48 and 57 years	9	7.4
	more than 57 years	22	18.2
	Total	121	100
Languages Known	Hindi	118	97.5
	Punjabi	18	14.9
	English	66	54.5
Level of education	Illiterate	19	15.7
	Primary	21	17.4
	Secondary school	31	25.6
	Sr. secondary school	16	13.2
	Graduate	20	16.5
	Post graduate	13	10.7
	Ph.D.	01	0.8
	Total	121	100
Professional background	Student	11	9.1
	Housewife	90	74.4
	Farmer	9	7.4
	Service	4	3.3
	Self Employed	7	5.8
	Total	121	100
Marital Status	Single	12	9.9
	Married	96	79.3
	Widow	12	9.9
	Divorcee	1	0.8
	Total	121	100
Monthly Household Income	Less than 10,000 rupees	7	5.8
	Between 10,000and 20,000	19	15.7
	Between 21,000and 30,000	18	14.9
	Between 31,000and 40,000	13	10.7
	More than 40,000	61	50.4

Table 1 shows a demographic profile of the respondents. Majority of the respondents i.e.37(30.6%) are in the age group of 28-37 years followed by 28(23.1%), 25(20.7%) and 22(18.2%) in the age group of 38-47, 18-27 years and more than 57 respectively. Majority of the respondents i.e. 118 (97.5%) speak Hindi with a western Hindi dialect i.e. Haryanvi followed by 66 (54.5%) and 18 (14.9%) respondents who also speak English and Punjabi language. Most of the respondentsi.e.31 (25.6%)have studied upto secondary level followed by 21 (17.4%), 20 (26.5%), 16 (13.2%) respondents who have qualification upto Primary, Graduation and Sr. Secondary level whereas 19(15.7%) respondents have a reading and writing disability. Majority of the respondents i.e.90 (74.4%) were housewives. Marital status of the respondents show that the 96(79.3%) respondents were married. Monthly household Income of the respondents shows a variation in distribution. Majority of the respondents i.e. 61(50.4%) have more than 40,000 household income whereas 19 (15.7%), 18 (14.95) and 13 (10.7%) respondents have income between 10K- 20K, 21K- 30k and 31K-40K respectively.

Table 2: Health Information needsof Rural women

Aspect of Health Information	Mean	Std. Deviation
Treatment of various Diseases	4.85	0.511
Prevention from disease	4.7	0.459
Vaccination	4.73	0.563
Availability of drugs	4.55	0.922
Pre-natal care	3.22	1.786
Post- natal Care	3.02	1.734
Child care	3.27	1.708
Contraception	2.99	1.705
Menopause	2.44	1.414
Fitness	4.14	1.28
Healthy Diet	3.86	1.507
Personal Hygiene	3.87	1.426
Menstrual Hygiene	3.63	1.438
Environmental Hygiene	3.68	1.415
Oral Health	4.17	1.398
Household air pollution	3.7	1.152
Water treatment and sanitation	3.55	1.218
Blood transfusion	3.12	1.659
Accident and First aid	3.07	1.537
Mental Health	3.92	1.358
Alcoholism	2.36	1.39
Spirituality and Health	2.75	1.485
Health Insurance	3.4	1.615
Health Care Institution	3.93	1.318
Social Support measures	2.64	1.668
Laws/Bills/Acts related to health	2.43	1.726
Government Policy	3.17	1.493
Other, Please specify ….....	0.06	0.49

The Table 2 shows aspects of health information needed by rural women. To gather information from the respondents five-point Likert scale classified into Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree was used. Findings revealed that the majority of the respondents need information related to the treatment of various diseases with the mean 4.85 (S.D 0.51) followed by vaccination, prevention of disease, availability of drug, oral health and fitness with the mean value 4.73 (S.D 0.56), 4.7 (S.D 0.45), 4.55 (S.D 0.92), 4.17(S.D

Table 3: Information needs related to Diseases

Common Disease	Mean	Std. Deviation
Infertility	2.98	1.753
Urine Infection	3.52	1.669
PCOD & PCOS	2.35	1.476
Malnutrition	2.88	1.646
Obesity	3.21	1.678
Stone Pain/ Calculi	3.4	1.666
Ulcer	2.31	1.623
Appendix	2.09	1.342
Thyroid	2.42	1.51
Anemia/ Bleeding	3.23	1.802
Flu & Cough	4.79	0.766
Asthma	3.05	1.499
Tuberculosis	2.66	1.547
Body Pain	4.93	0.263
Headache	4.89	0.337
Eye, Ear & Throat Infection	4.84	0.387
Diarrhea	4.37	0.905
Dental Problem	4.49	0.877
Diabetes	3.67	1.381
Wounds	3.22	1.541
Skin diseases	3.89	1.526
Intestinal Worms	3.13	1.516
Hypertension/High Blood Pressure	3.76	1.385
Stress/ Depression	3.74	1.446
Pneumonia	2.27	1.443
Heart /Stroke	3.01	1.53
STD/HIV/AIDS	2.34	1.636
Typhoid fever	3.32	1.629
Cholera	2.5	1.592
Malaria &Dengue Fever	3.43	1.627
Cancer	2.58	1.499
Polio	2.98	1.803
COVID-19	4.9	0.523
Other, Please specify _____	0.54	1.557

Note: *Data gathered using five-point Likert scale classified into Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree*

1.39) and 4.14(S.D 1.28). Further the result showed that Spirituality and health, social support measure, menopause, laws/bills/acts related to health and alcoholism having mean 2.75(1.48), 2.64(1.66), 2.44(1.41), 2.43 (1.72) and 2.36 (1.39) were the least required needs of the respondents.

Table 3 shows that information related to body pain and COVID- 19 having mean value 4.93(S.D 0.26) and 4.9 (S.D 0.52) respectively were highly required by the respondents followed by information related to headache, ear, eye & throat infection, Flu and cough, dental problems and diarrhoea having mean 4.89 (S.D 0.37), 4.84 (S.D 0.38), 4.79 (S.D 0.76) 4.49 (S.D 0.87) and 3.89 (S.D 1.52). PCOD &PCOS, STD/HIV/AIDS, ulcer, Pneumonia and appendix having mean values 2.35 (S.D 1.476), 2.34 (S.D 1.63), 2.31 (S.D 1.62), 2.27 (S.D 1.44) and 2.09 (S.D 1.34) were least reported disease on which the respondents required information.Some of the respondents having mean value 0.54 (S.D1.55) also required information on disease like arthritis and cervical.

Table 4: Sources consulted for required Information

Sources	Mean	Std. Deviation
Friends/ family/ Neighbours	4.95	0.312
Health Institutions	4.31	0.938
Health care Professionals	4.44	1.032
Community based camps	2.34	1.498
Traditional Health care system (Homeopathy, Ayurveda)	2.79	1.668
Broadcasting Media	4.59	0.937
Social Networking Sites	3.9	1.604
Traditional Healers	2.37	1.566
Faith Healers	2.55	1.586
Chemist Shops	3.77	1.34
Local Herb Hawkers	2.62	1.655
Public Library	1.61	1.028
NGO	1.25	0.488
Anganwadi Workers	3.33	1.7
Government health care schemes	2.63	1.598
Gram Panchayat Office	1.55	1.08
Posters/Banners	3.02	1.784
Others, Please Specify …....	0.05	0.503

Note: *Data gathered using five-point Likert scale classified into Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree*

Table 4 reveals that majority of the respondents consult friends/family/neighbours as their first source for getting information related to health having mean value 4.95 (S.D. 0.31) followed by the respondents who consult broadcasting media, health care professionals, health institutions and social networking sites having mean value 4.59 (S.D 0.93), 4.44 (S.D

1.03), 4.31(S.D 0.93) and 3.9 (S.D 1.60) respectively. Public Library, Gram Panchayat Office and NGO having mean 1.61 (S.D 1.02), 1.55 (S.D)1.08 and 1.25 (S.D 0.48) were the least used sources by the respondents for getting health related information.

Table 5: Satisfaction with the consulted sources

Sources	Mean	Std. Deviation
Friends/ family/ Neighbours	4.36	0.845
Health Institutions	3.92	1.235
Health care Professionals	3.96	1.387
Community based camps	1.85	1.346
Traditional Health care system (Homeopathy, Ayurveda)	2.61	1.546
Broadcasting Media	3.98	1.169
Digital Platforms	3.72	1.512
Traditional Healers	2.06	1.24
Faith Healers	2.19	1.398
Chemist Shops	2.99	1.228
Local Herb Hawkers	2.29	1.375
Public Library	1.52	0.895
NGO	1.27	0.465
Anganwadi Workers	3	1.602
Government health care schemes	2.3	1.37
Gram Panchayat Office	1.39	0.83
Posters/Banners	1.98	1.898
Others, Please Specify	0.11	0.569

Note: *Data gathered using five-point Likert scale classified into Very Satisfied, Satisfied, Neutral, Dissatisfied,Very dissatisfied.*

Table 5 explains that most of the respondents were satisfied with the health related information they get from friends/family/Neighbours with the mean 4.36(S.D0.84) followed by the respondents who get information from broadcasting media, health care professionals, health institutions and digital platforms having mean 3.98 (S.D 1.16), 3.96 (S.D 1.38), 3.92 (S.D 1.23) and 3.72(S.D 1.51) respectively. Whereas Public Library, Gram Panchayat Office and NGO having mean values 1.52 (S.D 0.89), 1.39 (S.D 0.83) and 1.27 (S.D 0.46) were the sources from which the respondent are least satisfied because these sources were used less as they don't provide adequate health related information(as depicted in table 4).

Table 6: Awareness of Government health related scheme

Response	Frequency	Percentage (%)
Yes	74	61.16
No	47	38.84
Total	121	100.00

The Table 6 reveals that a majority of respondentsi.e. 74 (61.6%) were aware about government health related schemes whereas 47 (38.84%) respondents were unaware of government health related schemes.

Table 7: Awareness of health information programmes and strategies

Schemes		Yes	No
Janani Shishu Suraksha Karyakaram	N	60	59
	%	49.20%	48.40%
Jannani Suraksha Yojna	N	50	69
	%	41.00%	56.60%
Pradhan Mantri Matru Vandana Yojna (PMMVY)	N	49	70
	%	40.20%	57.40%
Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)	N	34	85
	%	27.90%	69.70%
SUMAlV- SurakshitMatritvaAashwasan	N	20	99
	%	16.40%	81.10%
Home Based Newborn Care (Vaccination)	N	24	95
	%	19.70%	77.90%
Home-Based Care for Young Child (HBYC) Programme (Visit of ASHA)	N	27	92
	%	22.10%	75.40%
NavjatshishusurakshaKaryakaram	N	27	92
	%	22.10%	75.40%
Mothers' Absolute Affection Programme (MAA)	N	22	97
	%	18.00%	79.50%
MukhyamantriMufatIlajYojna	N	63	56
	%	51.60%	45.90%
Aganwadi Service Scheme	N	38	81
	%	31.10%	66.40%
National Creche Scheme	N	22	97
	%	18.00%	79.50%
PoshanAbiyan	N	33	86
	%	27.00%	70.50%
Kishori Shakti Yojna	N	21	98
	%	17.20%	80.30%
One stop Centre	N	22	97
	%	18.00%	79.50%
Mahila Shakti Kendra scheme	N	25	94
	%	20.50%	77.00%
Indradhanush Scheme (Vaccination)	N	35	84
	%	28.70%	68.90%
Pradhan Mantri Jan Aushadhi Yojana	N	28	90
	%	23.00%	73.80%
Rashtriya Kishor SwasthyaKaryakram (RKSK)	N	22	97
	%	18.00%	79.50%
Menstrual Hygiene Scheme(MHS)	N	20	98
	%	16.40%	80.30%
National Programme For Prevention & Control Of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)	N	19	100

Table 7 shows that majority of the respondents i.e. 63 (51.60%)were aware about 'Mukhiyamantrimufatilazyojna' followed 'Janani Shishu Suraksha Karyakaram', 'Jannisuraksha Yojna' and 'Pradhan Mantri Matru Vandana Yojna' (PMMVY)as replied by 60 (49.20%), 50 (41%) and 49 (40.20%) respondents. Whereas 'National Programme For Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases &; Stroke' (NPCDCS) was the least known scheme as replied by only 18 (15.60%) respondents.

Table 8: Use of services offered by ASHA workers

Services			Yes	No	Mean	Std. Deviation
ASHA Help Desk		N	37	82	0.31	0.465
		%	30.3	67.2		
Registration Under :	Reproductive and Health Check register	N	42	55	0.43	0.498
		%	34.4	45.1		
	MCP Card- Mother Child Protection card	N	51	68	0.43	0.497
		%	41.8	55.7		
	Home Based Child Care Visits	N	50	69	0.42	0.496
		%	41	56.6		
Immunization		N	55	64	0.46	0.501
		%	45.1	52.5		
Distribution of Drugs		N	54	65	0.45	0.5
		%	44.3	53.3		
Antenatal care	· Pre- Natal Care	N	50	69	0.42	0.496
		%	41	56.6		
	· Post- Natal care	N	44	75	0.37	0.485
		%	36.1	61.5		
	· Instructional Delivery	N	43	76	0.36	0.482
		%	35.2	62.3		
	· Identification of Referral Transport	N	48	71	0.4	0.493
		%	39.3	58.2		
Counselling on Various issues like:	· Feeding Practice	N	44	75	0.37	0.485
		%	36.1	61.5		
	· Medicine	N	42	73	0.37	0.484
		%	34.4	59.8		
	· Routine Check-up	N	45	74	0.38	0.487
		%	36.9	60.7		
	· benefits of institutional delivery.	N	43	76	0.36	0.482
		%	35.2	62.3		
	· family planning options	N	43	76	0.36	0.482
		%	35.2	62.3		
	· Early Childhood Development	N	43	76	0.36	0.482
		%	35.2	62.3		
Referral for safe abortion to approved MTP Centre		N	26	93	0.22	
		%	21.3	76.2		0.415

Table 8 exhibits that a majority of the respondents having mean 0.46 (S.D 0.50) and 0.45 (S.D 0.5) adequately use Immunization services and distribution of drugs by ASHA worker followed by services offered under registration of: reproductive and health check register, MCP Card- mother child protection card and home based child care visits having mean 0.43 (S.D 0.49), 0.43 (S.D 0.49) and 0.42 (S.D 0.49) respectively Whereas guidance regarding 'referral for safe abortion to approved MTP Centre' was not adequately used by the respondents as having least mean value 0.22 (S.D 0.41). However, it was found that use of services offered by ASHA workers was more in the villages having high women population in comparison with the villages having lower women population.

Table 9: Use of Library For getting Health related Information

		Frequency	Percentage (%)
Visit to library for getting health related information	No	81	66.4
	Yes	38	31.1
Frequency of visiting the library	Daily	14	11.5
	Once a Week	8	6.6
	Monthly	9	7.4
	Yearly	2	1.6
	Rarely	5	4.1
Type of Library	Public Library	19	15.6
	College Library	18	14.8
	University Library	14	11.5
	Office Library	0	0
Most Consulted document to gathering health related information	Books	38	31.1
	Magazines	34	27.9
	Newspaper	24	19.7
	Journals	6	4.9
	Newsletters	7	5.7
	Pamphlets	5	4.1
	CD/DVD	0	0

Table 9 illustrates that a majority of the respondentsi.e. 81 (66.4%) don't visit library for getting health related information whereas 38 (31.1%) respondents visit the library out of which majority of the respondents i.e. 14 (11.5%) daily visit the library followed by 09 (7.4%) and 08 (6.6%) respondents who visit the library monthly and once a week. The study shows that highest no. of respondentsi.e. 19 (15.6%) visit the public library for getting health related information followed by 18 (14.8%) and 14 (11.5%) respondents who visit the college and University library respectively. The most consulted sources for getting health related information were books as reported by 38 (31.1%) respondents followed by 34 (27.9%) and 25 (19.7%) respondents who consult magazine and newspapers respectively.

Table 10: Reasons for not visiting the library

Reasons	Mean	Std. Deviation
Located very far	2.82	2.491
Lack of interest	1.92	1.979
Don't find library Useful	1.49	1.604
Don't know reading and writing	1.61	1.842
Lack of time and heavy work load at home	1.92	1.839
Not allowed to go out	1.04	1.238

Note: *Data gathered using five-point Likert scale classified into Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree*

Table 10 shows thata majority of the respondents don't visit the library as it is located very far from village having mean value as 2.82 (S.D 2.49). Lack of interest and lack of time was also reported by the respondents having mean 1.92 (S.D 1.97) as the reason for not visiting the library.

Table 11: Problems faced while accessing Health related Information

Problems	Mean	Std. Deviation
No Health service Provider in your village	2.97	1.874
Lack of skill on how to seek health Information	2.69	1.546
Lack of time	4.24	1.213
High cost of accessing health Information	3.1	1.633
Inadequate maternal education	1.83	1.144
Poor radio frequency	1.39	1.102
Lack of Multimedia devices	1.28	0.729
Lack of literacy level	1.61	1.413
Ignorance and lack of awareness on various disease	3.47	1.275
No Proper guidance & Counselling	3.59	1.62
Lack of Internet range in the village	1.42	0.825
Lack of Transportation facility	3.28	1.576
Communication barrier	1.24	0.641
Inadequate Polices and strategies	1.74	1.195
Cultural barriers- beliefs and customs	2.19	1.503
Negligence on the part of Health Professionals	2.28	1.491
Inadequate staff at the health centres	2.36	1.512
Unfriendly staff at the health centres	2.45	1.5
Hesitation to discuss	1.45	0.917
Other, Please Specify	0	0

Note: *Data gathered using five-point Likert scale classified into Strongly Agree , Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree*

Table 11explains that a majority of the respondents having mean 4.24 (SD 1.21) consider lack of time as the main challenge in accessing health related information. 'No proper guidance & counselling', 'ignorance and lack of awareness on various disease', 'lack of transportation facility' and 'high cost of accessing health information' were identified as challenges having mean 3.59 (S.D 1.62), 3.47 (S.D 1.27), 3.28 (S.D 1.57) and 3.1 (S.D 1.63) respectively. Whereas 'hesitation to discuss', 'Lack of Internet range in the village', 'Poor radio frequency', 'Lack of Multimedia devices' and 'Communication barrier' having mean value 1.45 (S.D 0.91), 1.42 (S.D 0.82), 1.39 (S.D 1.10), 1.28 (0.72), 1.24 (S.D 0.64) respectively were least reported challenges in accessing health related information.

Table 12: Required health related Information Modes

Modes	Response	Percentage (%)
Radio	14	11.5
Social Networking Sites	87	71.3
Newspaper	39	32
Library	38	31.1
AWW	72	59
Female Doctor	105	86.1
Extension lecture	108	88.5
ASHA	61	50
Health Institution	31	25.4
Other, Please specify	5	4.1

The Table 12 shows that a majority of the respondents i.e. 108 (88.5%) required health information from extension lecture followed by 105 (86.1%), 87 (71.3%) and 72 (59%) respondents who require health information from 'female doctors', 'Social networking sites' and 'Aganwadi worker'. However, some of the respondents i.e. 5 (4.1%) wish to gather health related information from camps and shows (Nataks).

CONCLUSION

The findings of the study reveal that health information literacy among rural women of Kurukshetra district is satisfactory. They have various health related information needs and consult friends, family, neighbours as their first source for getting information related to health. However role of Public Libraries, Gram Panchayat Offices and NGOs role is not satisfactory in disseminating health information among rural women. Majority of respondents i.e.74 (61.6%) were aware of government health related schemes but still there is need to create more awareness regarding each scheme.38 respondents out of 121 never visit the library for getting health related information due to the far located libraries.

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