HEALTH INFORMATION LITERACY AMONG RURAL WOMEN OF PANCHKULA DISTRICT OF HARYANA

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The present study has been conducted to assess the health Information literacy among the Rural women of Panchkula District of Haryana, India. Using self-structured questionnaire data for the present study was gathered from 71 rural women who were above 18 years of age. Multistage sampling method was adopted to select the sample. The results revealed that rural women have various information needs related to health for which they seek information from 'Family/ Friends' as their first source followed by other sources like 'Health care professionals' and 'Social Networking Sites'. It has been identified that most of the rural women are satisfied with the health-related information they get from 'family/ friends' with the mean value 4.03 followed by 'health care professionals' and 'SNS' with the mean value and 2.82 and 2.80 respectively. Further the study has revealed that there is a need to create more awareness regarding Government health related support programmes as 54.9% of rural women are not aware of them.

Keywords: Health Literacy, Information literacy, health information literacy, Rural women, Haryana

INTRODUCTION

The ability among people in acquiring information related to their health is an important aspect in taking care in a better way. The Health information literacy plays a major role in accumulating and processing information related to health and making sound health decisions for everyday life. It is an essential life skill which plays a building block for good health of the society.

Medical Library Association in 2003 defined the 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"

Health Information literacy concept can be defined as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (Office of Disease Prevention and Health Promotion, 2000). The health Information literacy among women helps them in making decisions for their own health, health of children, family members and socioeconomic progression of community. In general, women are the providers of informal health care to their family members. A Higher HIL among women helps them in taking better health related decisions resulting in more life expectancy. UNESCO (2016) has emphasised that women HIL results into positive health outcomes and improves social concerns like improvement in sanitation, nutrition and adoption of family planning. Earlier researches have shown that the literacy level among the rural women is low as compared to the urban women. Of course, the rate of illiteracy affects the accessibility of quality health care facilities and reliable health related information resulting into low rate of HIL.

SCOPE OF STUDY

The present study has been conducted to assess the health Information literacy among the rural women of Panchkula District of Haryana, India. Panchkula is a well-planned city which was constituted as a district in 1995. It shares its borders on the north and east with Himachal Pradesh; on the west with Punjab and the Union Territory of Chandigarh; and on the south and east with Ambala district. In Panchkula district large proportion of the women population i.e. 44.2% resides in the rural area (Census, 2011).

REVIEW OF LITERATURE

Rao and Shokeen (2021) in their study on "Health information literacy among the rural women of district Kurukshetra, Haryana" identified the health information needs, sources consulted for the same, level of satisfaction with these sources and problem being faced in accessing them. Using questionnaire method was collected from 121 rural women of 18 years and above. Findings of the study revealed that health information literacy among rural women of Haryana was satisfactory and their primary source for health-related information were 'friends, family and neighbours'. Onome (2020) conducted a study entitled "An Assessment of Health Information Literacy among rural women in Delta State, Nigeria". The purpose of the study was to know the functional, communication and critical literacy among rural women in Delta state and the sources consulted by them for getting health related information. The data was collected from the 252 rural women of Senatorial District of Delta State using in-depth interview method. Findings of the study revealed that the rural women of Delta region had low level of functional literacy, due to low literacy rate, followed by low level of communicative and interactive literacy. However, the critical literacy among women was high. The main sources consulted by the rural women for availing health related information were traditional healers and relatives. Further, the study concluded that the women of Delta State were not health information literate.

Nigar (2018) conducted a study entitled "Contraceptive awareness, and practices among

rural women in Lucknow". The aim of the study was to analyse the awareness level among rural women regarding the use of contraceptive methods. The data was gathered using Interview method from 500 women who were present in the OPD of Institute of medical Sciences and research, Dasauli, Lucknow. The result of the study revealed that majority of the 94.4% women were aware about the CuT and oral pills method used for family planning. Further, 46.6% women used to rely on their social circle for getting information about the contraceptive methods. The main barriers, faced by the rural women in accessing the contraceptive methods were fear of side effects, no support from the husbands and low fertility.

Al-Nema and others (2017) conducted a study entitled "Health Literacy among Women with different Educational States in Baghdad". The aim of the study was to investigate the knowledge related to basic health related facts among the Women of different educational state. Data was collected using questionnaire method from a total of 213 women who were divided into two groups: Group A: Consisted of Educated women; Group B: Consisted of Uneducated women. The result revealed that 73.2% educated women were aware about the transmission of typhoid fever. The main source for getting health related information among 52.7% educated women and 47.5% of uneducated women was Internet and television respectively.

OBJECTIVES OF THE STUDY

The study has the following objectives:

1. To determine the health information needs among rural Women.
2. To know about the level of health information literacy with regard to the sources that the rural women consult.
3. To analyse the extent to which the health information needs of the rural women are satisfied.
4. To know the awareness among rural women regarding the Government health support programs.
5. To determine the barriers that are being faced by the rural women in accessing the health information.

RESEARCH METHODOLOGY

The present study has been undertaken with the aim to identify the health information literacy among rural women of Panchkula District, Haryana. Data for the study has been gathered using a self-structured questionnaire from 71 rural women with the age the group of 18 years or above. A multistage sampling method was adopted to select the sample from the study. During Stage one: all the four blocks of Panchkula District were selected. In the second stage: from each block, two villages were selected according to the size of population i.e. one village having highest female population and one having lowest female population. The collected data has been analysed with the help of MS Excel and SPSS using various statistical techniques.

DATA ANALYSIS

Data has been presented in the form of tables and analysed using percentage and mean. Table 1 shows the demographic characteristic of the

Table 1: Demographic Characteristics

Characteristics	Categories	Frequency	Percentage
Age Group	18-27	14	19.7
	28-37	11	15.5
	38-47	16	22.5
	48-57	7	9.9
	more than 57	23	32.4
	Total	71	100.0
Level of education	Illiterate	24	33.8
	Primary	7	9.9
	Secondary school	16	22.5
	Sr. secondary school	8	11.3
	Graduate	13	18.3
	Post graduate	3	4.2
	Total	71	100
Professional background	Student	6	8.5
	Housewife	50	70.4
	Farmer	4	5.6
	Service	8	11.3
	Self Employed	3	4.2
	Total	71	100.0
Marital Status	Single	1	1.4
	Married	52	73.2
	Widow	12	16.9
	Divorcee	6	8.5
	Total	71	100.0
Monthly Household Income	Less than 10,000	12	16.9
	10,000-20,000	27	38.0
	21,000-30,000	11	15.5
	31,000-40,000	16	22.5
	More than 40,000	5	7.0
	Total	71	100.0

respondents. Age wise distribution represents that majority of the respondents i.e. 23 (32.4%) are more than 57 years of age followed by the 16 (22.5%), 14 (19.7%), 11 (9.9%) and 7 (%) respondents who are in the age group of 38-47, 18-27, 28-37 and 48-57 years respectively. Education wise characteristic shows that 24 (33.8%) respondents are illiterate, 16 (22.5%)

are secondary pass, 13 (18.3%) are graduate, 8 (11.3%) are Sr. Secondary pass and 7 (9.9%) respondents are primary pass. Occupation wise distribution of the respondents shows that 50 (70.4%) respondents are housewives, 6 (8.5%) respondents are students, 8 (11.3%) respondents are in service, 4 (5.6%) are farmers and 3 (4.2%) are self-employed. Marital status of the respondents shows that majority of the respondents i.e. 42 (59.2%) are married. The distribution of monthly household Income of the respondents represent that 27 (38%) household have 10k-20k income, 16 (22.5%) have 31K- 40K income and 12 (19.9%) have less than 10k income.

Health related Information needs of the rural women

Table 2 shows aspects on which health related information is required by the rural women. Majority of the respondents i.e. 31 (43.7 %) agree

Table 2: Health related Information needs of the rural women

Aspect of Health Information		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Mean	S.D.
Treatment of various Diseases	N	27	31	2	2	9	3.92	1.30
	%	38.0	43.7	2.8	2.8	12.7		
Vaccination	N	12	25	6	4	24	2.96	1.57
	%	16.9	35.2	8.5	5.6	33.8		
Prevention from disease	N	5	32	9	1	24	2.90	1.46
	%	7.0	45.1	12.7	1.4	33.8		
Government Policy	N	1	33	4	8	25	2.68	1.40
	%	1.4	46.5	5.6	11.3	35.2		
Fitness	N	5	23	7	6	30	2.54	1.48
	%	7.0	32.4	9.9	8.5	42.3		
Contraception	N	2	20	17	3	29	2.48	1.35
	%	2.8	28.2	23.9	4.2	40.8		
Pre-natal/Post-natal Care	N	9	17	3	7	35	2.41	1.58
	%	12.7	23.9	4.2	9.9	49.3		
Health Care Institution	N	4	22	5	4	36	2.35	1.49
	%	5.6	31.0	7.0	5.6	50.7		
Availability of drugs	N	4	24	2	3	38	2.34	1.53
	%	5.6	33.8	2.8	4.2	53.5		
Health Insurance	N	3	18	11	7	32	2.34	1.38
	%	4.2	25.4	15.5	9.9	45.1		
Personal Hygiene	N	6	21	2	1	41	2.30	1.58
	%	8.5	29.6	2.8	1.4	57.7		
Healthy Diet	N	3	24	1	4	39	2.27	1.50
	%	4.2	33.8	1.4	5.6	54.9		
Mental Health	N	5	15	2	3	46	2.01	1.48
	%	7.0	21.1	2.8	4.2	64.8		
Laws/Bills/Acts related to health	N	2	17	3	7	42	2.01	1.37
	%	2.8	23.9	4.2	9.9	59.2		
Child care	N	1	20	1	3	46	1.97	1.39
	%	1.4	28.2	1.4	4.2	64.8		
Menopause	N	1	13	8	2	47	1.86	1.28
	%	1.4	18.3	11.3	2.8	66.2		

that they need information related to 'treatment of various diseases' with the highest mean 3.92 (S.D =1.30) followed by 25 (35.2%), 32 (45.1%) and 33 (46.5%) respondents agreed that they need information related to 'vaccination', 'prevention from disease' and 'Government policy' with the mean value 2.96 (S.D.= 1.57), 2.90 (S.D.=2.90) and 2.68 (S.D.= 1.40) respectively..

Disease related Information need

Table 3 shows that 32 (45.1%) respondents 'strongly agree' that they need information related to 'flu & cough' having highest mean value 3.99 (S.D= 1.31) followed by 33 (46.5%) and 34 (47.9%) respondent who 'agree' that they need information related to 'COVID-19' and 'headache' having mean value 3.82 (S.D= 1.05) and 3.44 (1.52) respectively. However, disease like 'diabetes', 'HIV' and 'PCOD&PCOS' have the least mean value i.e. 2.23, 2.03 and 1.94 respectively which shows that information related to these disease are not much required by the respondents.

Table 3: Disease related Information need

Common Disease		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Mean	S.D.
Flu & Cough	N	32	26	1	4	8	3.99	1.31
	%	45.1	36.6	1.4	5.6	11.3		
COVID-19	N	18	33	13	3	4	3.82	1.05
	%	25.4	46.5	18.3	4.2	5.6		
Headache	N	17	34	1	1	18	3.44	1.52
	%	23.9	47.9	1.4	1.4	25.4		
Infection	N	8	16	8	7	32	3.08	1.57
	%	11.3	22.5	11.3	9.9	45.1		
Body Pain	N	13	29	1	3	25	3.03	1.62
	%	18.3	40.8	1.4	4.2	35.2		
High Blood Pressure	N	11	24	2	7	27	2.79	1.60
	%	15.5	33.8	2.8	9.9	38.0		
Fever	N	6	31	2	5	27	2.77	1.53
	%	8.5	43.7	2.8	7.0	38.0		
Asthma	N	11	20	3	14	23	2.75	1.54
	%	15.5	28.2	4.2	19.7	32.4		
Depression	N	8	25	1	5	32	2.61	1.60
	%	11.3	35.2	1.4	7.0	45.1		
Diarrhea	N	3	31	1	7	29	2.61	1.49
	%	4.2	43.7	1.4	9.9	40.8		
Anemia	N	8	19	6	7	31	2.52	1.54
	%	11.3	26.8	8.5	9.9	43.7		
Stone Pain/ Calculi	N	9	15	7	8	32	2.45	1.54
	%	12.7	21.1	9.9	11.3	45.1		
Obesity	N	9	15	4	6	37	2.34	1.58
	%	12.7	21.1	5.6	8.5	52.1		
Diabetes	N	4	19	2	10	36	2.23	1.45
	%	5.6	26.8	2.8	14.1	50.7		
HIV	N	1	16	3	15	36	2.03	1.26
	%	1.4	22.5	4.2	21.1	50.7		
PCOD & PCOS	N	4	8	8	11	40	1.94	1.29
	%	5.6	11.3	11.3	15.5	56.3		

Sources consulted by the respondents for getting health related information

Table 4 represents that the majority of the respondents i.e. 56 (82.4%) 'strongly agree' that they consult 'family/friends' as their primary source for getting health related information having the highest mean value 4.71 (S.D.=0.77) followed by 40(58.8%) and 30 (44.1%) respondents who 'agree' to consult 'health care professional' and 'social networking sites' for getting information related to health having mean value 4.18 (S.D.= 0.85) and 3.96 (S.D.=1.24) respectively.

Table 4: Sources consulted by the respondents for getting health related information

Sources		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Mean	S.D.
Family/Friends	N	35	30	1	1	4	4.35	0.96
	%	49.3	42.3	1.4	1.4	5.6		
Health care Professionals	N	14	29	8	1	19	3.27	1.35
	%	19.7	40.8	11.3	1.4	26.8		
Social Networking Sites	N	14	24	10	13	10	3.25	1.50
	%	19.7	33.8	14.1	18.3	14.1		
Local Herb Hawkers	N	18	15	7	2	29	2.87	1.71
	%	25.4	21.1	9.9	2.8	40.8		
Anganwadi Workers	N	13	22	1	3	32	2.70	1.70
	%	18.3	31.0	1.4	4.2	45.1		
Traditional Health Care	N	9	22	5	1	34	2.59	1.62
	%	12.7	31.0	7.0	1.4	47.9		
Faith Healers	N	13	10	2	9	37	2.34	1.64
	%	18.3	14.1	2.8	12.7	52.1		
Broadcasting Media	N	6	13	6	6	40	2.14	1.47
	%	8.5	18.3	8.5	8.5	56.3		
Library	N	12	2	5	14	38	2.10	1.50
	%	16.9	2.8	7.0	19.7	53.5		
Government health care schemes	N	1	18	1	9	42	1.97	1.33
	%	1.4	25.4	1.4	12.7	59.2		
Posters/Banners	N	14	9	1	10	37	1.77	1.29
	%	19.7	12.7	1.4	14.1	52.1		
Health camps	N	1	3	8	20	39	1.69	0.93
	%	1.4	4.2	11.3	28.2	54.9		

Satisfaction with the sources consulted by the respondents for getting Health related Information

Table 5 reveals that the 28 out of 71 are 'very satisfied' for getting health-related information from 'family/friends' and the same number of the respondents i.e. 28 (39.4%) have shown their satisfaction with the same for getting the health-related information with the highest mean 4.03 (S.D=1.10) followed by the satisfaction from the sources like 'health care professionals', 'Social Networking Sites' and 'local herb hawkers' with mean value 2.82 (S.D=1.51), 2.80 (S.D=1.73), 2.56 (S.D=1.61) and 2.48 (S.D=1.61) respectively.

Table 5: Satisfaction with the sources consulted by the respondents for getting Health related Information

Sources		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Mean	SD
Family/Friends	N	28	28	8	3	4	4.03	1.10
	%	39.4	39.4	11.3	4.2	5.6		
Health care Professionals	N	5	34	1	5	26	2.82	1.51
	%	7.0	47.9	1.4	7.0	36.6		
Social Networking Sites	N	18	14	6	2	31	2.80	1.73
	%	25.4	19.7	8.5	2.8	43.7		
Local Herb Hawkers	N	8	24	2	3	34	2.56	1.61
	%	11.3	33.8	2.8	4.2	47.9		
Anganwadi Workers	N	8	22	2	3	36	2.48	1.61
	%	11.3	31.0	2.8	4.2	50.7		
Faith Healers	N	11	11	1	9	39	2.24	1.60
	%	15.5	15.5	1.4	12.7	54.9		
Traditional Health Care	N	3	15	13	4	36	2.23	1.38
	%	4.2	21.1	18.3	5.6	50.7		
Broadcasting Media	N	4	15	4	10	38	2.11	1.40
	%	5.6	21.1	5.6	14.1	53.5		
Posters/Banners	N	1	12	7	8	43	1.87	1.23
	%	1.4	16.9	9.9	11.3	60.6		
Government health care schemes	N	1	9	1	11	49	1.61	1.06
	%	1.4	12.7	1.4	15.5	69.0		
Library	N	2	1	8	16	44	1.61	0.95
	%	2.8	1.4	11.3	22.5	62.0		

Awareness of various Government Health support programme

Table 6 shows that 32 out of 71 (i.e. 45.1%) respondents are aware of 'Ayushman Bharat – National Health Protection Mission' and the same number of respondents are aware of 'Mukhyamantri Mufat Ilaj Yojna' followed by 31 (43.7%), 30 (42.3%), 27 (38%) and 25 (35.2%) respondents who are aware of 'HBYC programme', 'Aganwadi Service Scheme', 'Pradhan Mantri Jan Aushadi Yojna' and 'Home Based Newborn Care (Vaccination)' schemes respectively.

Usage of services offered under ASHA Programme

Table 7 reveals the usage of services offered by ASHA workers in the villages. It shows that 23 (32.4%) respondents are using services like 'ASHA help desk' and the same number of respondents are using 'registration under: reproductive and health check register' and 'Distribution of drugs' respectively. However, 22 (31%) are registered under: MCP card', 21 (29.6%) are using 'immunization service', 20 (28.2%) are getting 'post-Natal care' service and 19 (26.8%) are using 'Pre- Natal Care' service. Whereas very less respondents i.e. 9 (12.7%) and 7 (9.9%) are using services like 'Instructional Delivery' and 'Identification of Referral Transport'.

Table 6: Awareness of various Government Health support programme

Schemes		Yes	No
Ayushman Bharat – National Health Protection Mission	N	32	39
	%	45.1	54.9
Mukhyamantri Mufat Ilaj Yojna	N	32	39
	%	45.1	54.9
Home-Based Care for Young Child (HBYC) Programme (Visit of ASHA)	N	31	60
	%	43.7	84.5
Aganwadi Service Scheme	N	30	41
	%	42.3	57.7
Pradhan Mantri Jan Aushadhi Yojana	N	27	44
	%	38.0	62.0
Home Based Newborn Care (Vaccination)	N	25	40
	%	35.2	56.3
Janani Shishu Suraksha Karyakaram	N	23	48
	%	32.4	67.6
Jannani Suraksha Yojna	N	21	50
	%	29.6	70.4
Poshan Abiyan	N	20	51
	%	28.2	71.8
Navjat shishu suraksha Karyakaram	N	10	61
	%	14.1	85.9
Mothers' Absolute Affection Programme (MAA)	N	8	63
	%	11.3	88.7
Mahila Shakti Kendra scheme	N	8	63
	%	11.3	88.7
Pradhan Mantri Matru Vandana Yojna (PMMVY)	N	8	63
	%	11.3	88.7
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	N	6	65
	%	8.5	91.5
National Creche Scheme	N	6	65
	%	8.5	91.5
Kishori Shakti Yojna	N	5	66
	%	7.0	93.0
SUMAlV- Surakshit Matritva Aashwasan	N	4	67
	%	5.6	94.4
Rashtriya Kishor Swasthya Karyakram (RKSK)	N	3	68
	%	4.2	95.8
Menstrual Hygiene Scheme (MHS)	N	3	68
	%	4.2	95.8

Usage of Library for getting Information related to Health

Table 8 represent that the majority of the respondents i.e. 57 (81.7%) don' visit library for getting health related information. Whereas, 14 (19.7%) respondents visit library for getting health related information. The frequency of visiting the library shows that 6 out of 14 respondents visit library daily, 3 (21.4%) respondents visit library once a week and 3 (21.4%) visit library rarely. 5 out of 14 (35.7%) respondents visit University library for getting health related information. Books are the most consulted source as reported by all the 14 respondents.

Table 7: Usage of services offered under ASHA Programme

Services			Yes	No
ASHA Help Desk		N	23	48
		%	32.4	67.6
Registration Under	Reproductive and Health Check register	N	23	48
		%	32.4	67.6
	MCP Card- Mother Child Protection card	N	22	49
		%	31.0	69.0
	Home-Based Child-Care Visits	N	14	57
		%	19.7	80.3
Immunization		N	21	50
		%	29.6	70.4
Distribution of Drugs		N	23	48
		%	32.4	67.6
Antenatal care	Pre- Natal Care	N	19	52
		%	26.8	73.2
	Post- Natal care	N	20	51
		%	28.2	71.8
	Instructional Delivery	N	9	62
		%	12.7	87.3
	Identification of Referral Transport	N	7	64
		%	9.9	90.1

Table 8: Usage of Library for getting Information related to Health

		Frequency	Percent
Visit to library for getting health related information	No	57	81.7
	Yes	14	19.7
Frequency of visiting the library	Daily	6	42.9
	Once a Week	3	21.4
	Monthly	2	14.3
	Rarely	3	21.4
Type of Library	Public Library	2	14.3
	College Library	4	28.6
	University Library	5	35.7
	Office Library	3	21.4
Most Consulted document to gathering health related information	Books	14	100.0
	Magazines	13	92.9
	Newspaper	9	64.3
	Journals	2	14.3

Reasons for not visiting library

Table 9 shows the reasons for not visiting the library. Majority of the respondents i.e. 37 (52.1%) 'strongly agree' with the statement that far away location of the library is the main reason for not visiting the library with highest mean value 3.41 (S.D.= 2.05) followed by other reasons like 'don't find library Useful', 'Inability of reading and writing' and 'lack of time and heavy work load at home' having mean values 2.82, 2.07 and 2.04.

Table 9: Reasons for not visiting library

Reasons		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Mean	S.D.
Located very far	N	5	3	2	10	37	3.41	2.05
	%	7.0	4.2	2.8	14.1	52.1		
Lack of time and heavy work load at home	N	19	11	14	3	10	2.04	1.65
	%	26.8	15.5	19.7	4.2	14.1		
Lack of interest	N	27	17	1	4	8	1.69	1.54
	%	38.0	23.9	1.4	5.6	11.3		
Don't know reading and writing	N	27	9	1	1	19	2.07	1.92
	%	38.0	12.7	1.4	1.4	26.8		
Don't find library Useful	N	7	12	1	19	18	2.82	1.91
	%	9.9	16.9	1.4	26.8	25.4		
Not allowed to go out	N	42	12	1	1	1	1.10	0.88
	%	59.2	16.9	1.4	1.4	1.4		

Barriers faced by the rural women in accessing Health related Information

Table 10 shows that the majority of the respondents i.e. 25 (35.2%) and 16 (22.5%) 'strongly agree' and 'agree' that 'lack of time' is the main problem in accessing health related information among rural women with highest mean value 3.21 (S.D=1.73) followed by 22 (31%), 17 (23.9%), 23 (32.4%) and 25 (35.2%) respondents who 'strongly agree' with the statement that 'lack of literacy level', 'no health service provider in the village', 'Ignorance and lack of awareness on various disease' and 'Lack of skill on how to seek health Information' are the problems being faced by the respondents while accessing health related information with mean value 2.79 (S.D=2.79), 2.68 (S.D=1.68), 2.61 (S.D= 1.61) and 2.45 (S.D= 1.52) respectively.

CONCLUSION

The health information literacy, among rural women of Panchkula, is satisfactory as they know how to access, understand and apply health information. These rural women have various information needs related to health for which they seek information from 'Family/Friends' as their first source followed by other sources like 'Health care professionals' and 'Social Networking Sites'. Findings reveal that most of the rural women are satisfied with the health-related information they get from 'family/ friends' with the mean value 4.03 followed by 'health care professionals' and 'SNS' with the mean value and 2.82 and 2.80 respectively. 54.9% of rural women are not aware of various Government health related schemes, therefore there is a need to create more awareness regarding each scheme. The various services provided by ASHA workers like registration under 'reproductive and Health Check-up Register', 'ASHA Help Desk', 'Pre-

Table 10: Barriers faced by the rural women in accessing Health related Information

Problems		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Mean	S.D.
Lack of time	N	23	5	2	16	25	3.21	1.73
	%	32.4	7.0	2.8	22.5	35.2		
Lack of Literacy level	N	27	13	1	8	22	2.79	1.75
	%	38.0	18.3	1.4	11.3	31.0		
No health service provider in your village	N	28	13	1	12	17	2.68	1.68
	%	39.4	18.3	1.4	16.9	23.9		
Ignorance and lack of awareness on various disease	N	32	5	2	9	23	2.61	1.61
	%	45.1	7.0	2.8	12.7	32.4		
Lack of skill on how to seek health Information	N	34	6	1	5	25	2.45	1.54
	%	47.9	8.5	1.4	7.0	35.2		
No Proper guidance and Counselling	N	35	6	3	22	5	2.38	1.52
	%	49.3	8.5	4.2	31.0	7.0		
High cost of accessing health Information	N	39	7	2	16	7	2.23	1.53
	%	54.9	9.9	2.8	22.5	9.9		
Hesitation to discuss	N	34	20	9	2	6	1.96	1.22
	%	47.9	28.2	12.7	2.8	8.5		
Inadequate Polices and strategies	N	38	16	6	6	5	1.93	1.27
	%	53.5	22.5	8.5	8.5	7.0		
Unfriendly staff at the health centres	N	37	19	7	6	2	1.83	1.10
	%	52.1	26.8	9.9	8.5	2.8		
Lack of Multimedia devices	N	41	21	2	5	2	1.68	1.03
	%	57.7	29.6	2.8	7.0	2.8		
Negligence on the part of Health Professionals	N	40	18	9	3	1	1.68	0.91
	%	56.3	25.4	12.7	4.2	1.4		

Natal Care' etc. are effectively used by 32.4% of the rural women. It was also observed that the services provided by ASHA workers to the villages having low female population are not satisfactory. The main problems being faced by rural women in accessing health related information are 'Lack of time', 'Lack of Literacy level' and 'No health service provider in the village'. Only 14 out of 71 (i.e. 19.7%) of the rural women are able to access library out of which 35.7% visit University library and only 14.3% women visit public library. The primary reason reported by the women for not visiting the library is its far away location which is evident from the highest mean value 3.41. It is required that Health Centres and Libraries should come out with a health-related outreach program which can be helpful for rural women in evaluating and navigating good & authenticated health-related information.

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