INFORMATION SOURCES ON HEALTH PROGRAMMES AMONG BELOW POVERTY LINE (BPL) FAMILIES: A BASELINE DATA

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Abstract
Information is valuable to the society and the nation as a whole. Therefore, information should have a smooth flow and its source should be authentic. This article emphasises on the common existing information sources used by the people on the health development programmes and how effective are these information sources. A total of 239 Below Poverty Line (BPL) households from Pynthorbah locality, Shillong, were selected. Data was collected by interview schedule. Analysis of the data and findings revealed that these common existing information sources could not be effective. This is due to the absence of proper and effective information communication and guidance.

Keywords: Health programmes, Health information sources.

Introduction

Information is an important asset. Everyone needs information. Singh (2014) emphasised that information is a source of inspiration for people; moreover it is a necessary condition to make right choice whatsoever maybe the case. An informed person can make better choices and in turn better decision. Information widens the arena of deliberative action in the public sphere and further brings in the concept of inclusive policy and development.

Information Sources

Sources of information can be people like friends, relative, neighbours, etc, letters, books, files, television, films, radio, newspapers, tapes, Government publication etc. Sources of are very important because the information will spread far and wide. Hence information sources should be relevant, accurate and reliable. The main types of sources are primary sources secondary sources and tertiary sources.

Literature review

Pennbridge, Moya, and Rodrigues (1999) conducted a study on California consumers' use and rating of sources of health care information including the Internet. The objective of the study is to understand how Californians use and rate various health information sources, including the Internet. Computer-assisted telephone interviews through which surveys were conducted in English or Spanish. A household sample generated by random digit dialling. The sample included 1007 adults (18+), 407 (40%) of whom had access to the Internet. Past health information sources used, their usefulness and ease of use; future health information sources, which are trusted and distrusted; and concerns about integrating the Internet into future health information seeking and health care behaviours. The author also stated that physicians and health care providers are more trusted for information than any other source, including the Internet.

Cline and Haynes (2001) stated that increasingly, consumers engage in health information seeking via the Internet. Taking a communication perspective, this review argues why public health professionals should be concerned about the topic, considers potential benefits, synthesizes quality concerns, identifies criteria for evaluating online health information and critiques the literature. More than 70 000 websites disseminate health information; in excess of 50 million people seek health information online, with likely consequences for the health care system. The

Internet offers widespread access to health information, and the advantages of interactivity, information tailoring and anonymity. However, access is inequitable and use is hindered further by navigational challenges due to numerous design features (e.g. disorganization, technical language and lack of permanence). Increasingly, critics question the quality of online health information; limited research indicates that much is inaccurate. Therefore, future research needs to address the Internet as part of the larger health communication system and take advantage of incorporating extant communication concepts.

Benigeri and Pluye (2003) stated that disseminating health and medical information on the Internet can improve knowledge transfer from health professionals to the population, and help individuals to maintain and improve their health. There are currently several medical information websites that directly target the general population with the aim of providing information about health problems, self-care and prevention. However, this new technology also hides several shortcomings, such as: (i) uneven quality of medical information available on the Internet; (ii) difficulties in finding, understanding and using this information; (iii) lack of access for the unconnected population; and (iv) the potential for harm and risks of overconsumption. To be able to overcome these dangers, it is important that public health practitioners and health professionals be involved in the design, dissemination and evaluation of Web-based health and medical information.

Dutta-Bergman (2004) highlighted that the recent growth in consumer autonomy in health care accompanied by the surge in the use of new media for health information gathering has led to an increasing scholarly interest in understanding the consumer health information search construct. This article explores consumer health information seeking in the realm of the primary sources of health information used by consumers. Based on an analysis of the 1999 Health Styles data, the paper demonstrates that active communication channels such as interpersonal communication, print readership, and Internet communication serve as primary health information sources for health-conscious, health-information oriented individuals with strong health beliefs, and commitment to healthy activities. On the other hand, passive consumption channels such as television and radio serve as primary health information resources for individuals who are not health-oriented. Media planning implications are drawn from the results, suggesting that broadcast outlets with an entertainment orientation are better suited for prevention campaigns. Such channels provide suitable sites for entertainment-education. On the other hand, print media, interpersonal networks, and the Internet are better suited for communicating about health issues to the health-active consumer segment

Korp (2006) discussed the implications of health on the Internet for health promotion, focusing in particular on the concept of empowerment. Empowering aspects of health on the Internet include the enabling of advanced information and knowledge retrieval, anonymity and convenience in accessing information, creation of social contacts and support independent of time and space, and challenging the expert–lay actor relationship. The disempowering aspects of health on the Internet are that it involves a shift towards the expert control and evaluation of sources of health information, that it widens the gap between 'information-rich' and 'information-poor' users, thus reproducing existing social divisions, and that the increase in medicalization and healthism results in increased anxiety and poorer health. He further stated that health on the Internet is empowering—it puts more control and power in the hands of lay people. It may also function as a medium for shared experiences and knowledge between users, as well as for

recognition and emotional support for people in need of support and guidance.

Objective of the study

The main objective of the study is to find out information sources through which Pynthorbah locality people access information on health programmes.

Methodology

An interview schedule was used to collect the data from the people. The sample of this study is a baseline data and covers 239 Below poverty Line (BPL) Households of Pynyhorbah locality, Shillong. The heads of the families or any member of the families capable of communicating information were selected as respondents for the households. The following are the health programmes covered for this study

(i) Urban Health Centre (UHC)

The UHCs offers health services like maternal health, family welfare, child health and nutrition, RTI/STI (including HIV/AIDS), nutrition deficiency disorders, vector-borne diseases, mental health, oral health, chest infections (TB/Asthma), cardiovascular diseases, diabetes, cancer, trauma care, (burns and injuries),IEC/BCC, counselling to patients and attendants (http://nrhmmeghalaya.nic.in/pdf/Essential %20Health%20Services.pdf).

(ii) Janani Sishu Suraksha Karyakram (JSSK)

JSSK is completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas (http://nrhmmeghalaya.nic.in/jssk.html).

(iii) Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS) (http://nrhmmeghalaya.nic.in/jsy.html).

Information sources available in Pynthorbah Locality, Shillong

An interview schedule was used to collect the data from the people. The sample of this study is a **baseline data** and covers 239 Below poverty Line (BPL) Households of Pynthorbah locality, Shillong. The following were some of the sources available and used by the respondents to access the health programmes.

Analysis

The study focuses on the information sources of the people on the Health programmes launched by the central Government of India. The sample of this study covers 239 Below poverty Line (BPL) Households of Pynthorbah locality, Shillong. An interview schedule was used to collect the data from the respondents

Table: Sources of information used by the respondents

Sl. No	Sources of Information	Responses	Base line data No. of Respondents (n=239)		
			UHC	**JSSK**	**JSY**
1	**Friends**	Always	127 (53.1%)	9 (3.8%)	9 (3.8%)
		Sometimes	88 (37%)	12 (5%)	12 (5%)
		Never	24 (10%)	6 (2.5%)	6 (2.5%)
		Not Aware	-	212 (88.7%)	212 (88.7%)
		Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
2	**Relatives**	Always	77 (32.2%)	27 (11.3%)	27 (11.3%)
		Sometimes	128 (53.6%)	-	-
		Never	34 (14.2%)	-	-
		Not Aware	-	212 (88.7%)	212 (88.7%)

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				239 (100%)	239 (100%)	239 (100%)
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
3	**Neighbours**		Always	103 (43.1%)	13 (5.4%)	13 (5.4%)
			Sometimes	97 (40.6%)	11 (4.6%)	11 (4.6%)
			Never	39 (16.3%)	3 (1.6%)	3 (1.6%)
			Not Aware	-	212 (88.7%)	212 (88.7%)
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
4	**Mass Media**	**Newspapers**	Always	-	-	-
			Sometimes	-	-	-
			Never	239 (100%)	27 (11.3%)	27 (11.3%)
			Not Aware	-	212 (88.7%)	212 (88.7%)
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
		Television	Always	-	-	-
			Sometimes	-	-	-
			Never	239 (100%)	27 (11.3%)	27 (11.3%)
			Not Aware	-	212 (88.7%)	212 (88.7%)
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
		Radio	Always	-	-	-
			Sometimes	-	-	-
			Never	239 (100%)	27 (11.3%)	27 (11.3%)
			Not Aware	-	212 (88.7%)	212 (88.7%)
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
5	**Dorbar Shnong (consist of Headman and executive members of the locality)**		Always	-	-	-
			Sometimes	-	-	-
			Never	239 (100%)	239 (100%)	239 (100%)
			Not Aware	-	-	-
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
6	**Departmental Personnel**		Always	-	-	-
			Sometimes	-	-	-
			Never	239 (100%)	239 (100%)	239 (100%)
			Not Aware	-	-	-
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
7	**Posters/Wall writings/Banners**		Always	-	-	-
			Sometimes	-	-	-
			Never	239 (100%)	239 (100%)	239 (100%)
			Not Aware	-	-	-
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
8	**Public Announcements**		Always	-	-	-
			Sometimes	-	-	-
			Never	239 (100%)	239 (100%)	239 (100%)
			Not Aware	-	-	-
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
9	**Government Pamphlets**		Always	-	-	-
			Sometimes	-	-	-
			Never	239 (100%)	239 (100%)	239 (100%)
			Not Aware	-	-	-
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**
10	**Internet**		Always	-	-	-
			Sometimes	-	-	-
			Never	239 (100%)	239 (100%)	239 (100%)
			Not Aware	-	-	-
			Total	**239 (100%)**	**239 (100%)**	**239 (100%)**

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The above table depicts the sources of information used by the respondents to access information on UHC, JSSK and JSY.

Findings and Discussion

It was found out that for UHC 127 numbers of respondents always use Friends, 77 numbers always used Relatives and 103 numbers always used Neighbours as their source of information for this scheme, whereas 88 numbers of respondents sometimes utilised Friends, 127 numbers sometimes utilised Relatives and 97 numbers of the respondents sometimes utilised Neighbours as their source of information and finally 24 numbers of the respondents never used Friends, 34 numbers never used Relatives and 39 numbers of the respondents never used Neighbours as their source of information.

For JSSK it is seen that 9 numbers of respondents always use Friends, 27 numbers always used Relatives and 13 numbers always used Neighbours as their source of information for this scheme, whereas 12 numbers of respondents sometimes utilised Friends, and 11 numbers of the respondents sometimes utilised Neighbours as their source of information and finally 6 numbers of the respondents never used Friends and 3 numbers of the respondents never used Neighbours as their source of information.

Finally in JSY it is observes that 9 numbers of respondents always use Friends, 27 numbers always used Relatives and 13 numbers always used Neighbours as their source of

information for this scheme, whereas 12 numbers of respondents sometimes utilised Friends, and 11 numbers of the respondents sometimes utilised Neighbours as their source of information and finally 6 numbers of the respondents never used Friends and 3 numbers of the respondents never used Neighbours as their source of information.

It is observed that the respondents mainly used friends, relatives and neighbours as their sources of information. Even though there are many existing information sources not forgetting the internet which information can be easily acquired. This is due to lack of proper information communication services which make the people unaware and naive.

Conclusion

Friends, family and neighbours were the main information sources used by the respondents among other sources. However, with these sources they hardly get any information relating the health programmes and the awareness level of the respondents were also very low which clearly stated that proper information communication would be immensely necessary in this scenario. Moreover, effectual information communication should be endowed to the people with proper guidance, in which people will be able to understand and utilise the information effectively.

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