



Seeking access to health information: the dilemma of woman community in rural Malaysia

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Meeting:

145. Health and Biosciences Libraries

WORLD LIBRARY AND INFORMATION CONGRESS: 75TH IFLA GENERAL CONFERENCE AND COUNCIL
23-27 August 2009, Milan, Italy
<http://www.ifla.org/annual-conference/ifla75/index.htm>

Abstract:

Malaysia as a nation has developed very fast economically. Malaysian economy has been transformed from a protected low income supplier of raw materials to a middle income emerging multi-sector market economy driven by manufactured exports, particularly electronics and semiconductors. It is to be expected based on the technology driven economy, Malaysia's ranking in the ICT sector by the United Nation Economic and Social Council for Asia and Pacific is pretty high. In terms of ICT benchmark for selected countries, Malaysia is ranked 7th and is classified as being in the 'medium' category. In terms of Internet usage the penetration rate is at 59% in 2007 which is reasonably good for a developing country. All this achievement does not matter if some segment of the society is found to be suffering from the hardship of trying to obtain vital information with regard to health information. The segment of the society that suffer most, especially in developing countries, are the women. As women in all society are shouldering the heavy burden of looking after their children welfare including health care, it stands to reason that the right of universal access to vital information through information and communication services must be provided.

Thus a study to assess the conditions prevailing in the rural community of Malaysia with regard to the provision of library, information and communication services concerning health information among the women is proposed. This study with the objective of understanding the nature of the problems of access to health information for developing countries as typified by Malaysia is important. It will cover the type of health information required by the women, what

type of sources woman use to search for the information , is Internet a prime source for health information, are village libraries playing a key role in accessing health information. Answers to these questions are important in order to have a better understanding of what actually takes place regarding access to health information among women in a rural community of developing nations.

Introduction

Since 1991, the government of Malaysia has included in its five-year development plans, a dedicated chapter on Women and Development. On the whole, these have primarily regarded women as resources to be mobilised for national good. Women has been participating actively in the nation's development. The ability and capability of women have been harnessed fully without any form of discrimination. For example the figures for students enrolment in university is currently dominated by female , female and male students registered at the university is 69% and 31 % respectively.

Despite progress made by women in all key economic sectors in Malaysia, the majority of women remain concentrated in low skilled and low waged jobs and very few in top managerial and decision-making posts. Women living in rural and remote areas in Malaysia has been documented as lagging behind that of their urban-dwelling counterparts in terms of wealth and literacy. Malaysia's poverty has been a predominantly rural phenomenon. In 1970, 49.3 per cent of Malaysian households were below the poverty line. The number of poor rural households as a percentage of the total number of households was 44 per cent, the remaining 5.3 per cent being urban. By 2002, just 2 per cent and 11.4 per cent respectively of urban and rural households were living in poverty . Besides poverty the rural households are also faced with problems of illiteracy. This situation is compounded with the emergence of World Wide Web and Internet technologies where digital literacy is important in the knowledge society era. A study done by Mohd Noor (2007) found that " There exists a disparity between the digital/information rich and the digital/information poor among various groups in Malaysia. Coincidentally, the pattern is that the former is located in urban areas whilst the latter in rural, as similar scenario as in the case of poverty."

Regardless of location, however, women tend to be the primary seekers of health information for their children and other family members, as well as for themselves (Warner and Procaccino, 2004) and they represent the majority of health information seekers (Hibbard et al. 1999). In rural Malaysia, more often than not, these women will perform the tasks of housewives for the family. It is pertinent to note here that in the rural setting there is a strong kinship relationships that existed among the villagers , especially among the community of housewives in the villages. It is believed that housewives roles have an impact on families and societies. If they perform accordingly their roles and duties, a quality generation will be produced. Of course in order to achieve that, a sufficient amount of information is a necessity. Here, libraries play an important role of supplying enough information for them.

In addition to taking care of nutrition for the family, a house wife is also expected to know a basic health care to ensure that first aid on ill family member can be performed before asking further treatment in a health center. Also, if there is a family member who suffers from diabetes

for example, she needs to act as a nurse if not as a doctor. The questions that need to be answered then are the following : What is the information need of housewives concerning health matters? What is their source of information? What is their information seeking behavior? Is there any barrier to information access? What is the best solution for the related problems?

Purpose of the study

The purpose of this study was to identify the information needs of housewives, to determine the health information sources used by rural women in a village of the District of Gombak, in the State of Selangor, to determine their information seeking behaviours and to identify any access barriers to those sources of health information. Selangor is one of the states located on Peninsular Malaysia and is considered one of those states that is developed.



There are altogether nine districts in Selangor and the district of Gombak is located close to the state of Pahang which is one of the underdeveloped states on Peninsular Malaysia. The village in Gombak is chosen for this research because the dwellers there are representatives of the rural community in Malaysia.

Although the village is populated by men and women the focus of this study is on the information seeking behaviours of the rural women. Generally speaking there are quite a number of studies that have focused their concentration on rural dwellers. Momodu observed that the lack of information in the right quantity and format is the cause for 70% of rural dwellers in Nigeria living in crushing poverty (2002). Su and Conway (1995) studied on the information

seeking behaviours of the immigrant rural dwellers. Other studies have focused on rural women as the areas of research. Mooko (2005) investigated the information needs and information-seeking behavior of rural women residing in three non-urban villages in Botswana. Davies and Bath (2001) studied the use of information on antenatal and post natal care by minority ethnic women. However there has been relatively very little empirical research from a library and information science perspectives on information needs and information seeking behaviours of housewives towards health information in developing countries.

Methodology

A survey research method was adopted in this study. As it is impossible to obtain a sampling frame for this study, convenient sampling was used to select the households of the villagers. Before the conduct of the study was actualized a letter was sent to the village headman for permission to proceed with this study. A sample of 80 housewives were selected and each was given a questionnaire for them to fill in. Housewives in this study are all married women. Only 51 housewives or 64 percent of the samples returned the questionnaire.

Data Analysis

Table 1 shows the demographic information with regard to the level of education of the housewives residing in the village. The data collected revealed that among 51 respondents, most of them completed high school in which 37 respondents (72.3%) hold various high school certificates; 2 respondents (3.9%) hold Diploma; and 3 respondents (5.9%) hold university degrees. Only 7 respondents (13.7%) did not complete high school and 2 respondents (3.9%) did not answer the question.

Table 1 : Educational Level of the Housewives

		Level of education			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not complete high school	7	13.7	13.7	13.7
	High school certificate	37	72.5	72.5	86.3
	College diploma	2	3.9	3.9	90.2
	Degree	3	5.9	5.9	96.1
	No answer	2	3.9	3.9	100.0
	Total	51	100.0	100.0	

Table 2 shows the marital status of the housewives in the village. Most respondents have a marital age between 1 to 20 years (65%), while 22 percent of the respondents have a marital age of 20 to 30 years and only 6 percent have marital age above 30 years. 8 percent did not answer the question.

Table 2 : Marital Status of the Housewives

		Marital age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5 years	10	19.6	19.6	19.6
	6-10 years	9	17.6	17.6	37.3
	11-15 years	6	11.8	11.8	49.0
	16-20 years	8	15.7	15.7	64.7
	21-25 years	7	13.7	13.7	78.4
	26-30 years	4	7.8	7.8	86.3
	Above 30 years	3	5.9	5.9	92.2
	No answer	4	7.8	7.8	100.0
	Total	51	100.0	100.0	

Table 3 shows the composition of the housewives based on nationality. It revealed that the majority of respondents were local (78%) and the rest were immigrants from Indonesia (20%) and no answer (2%). This type of ethnic composition is prevalent in Malaysia as more immigrants are coming to work in Malaysia.

Table 3 : Composition of the Housewives according to Nationality

		Country of origin			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Indonesia	10	19.6	19.6	19.6
	Malaysia	40	78.4	78.4	98.0
	No answer	1	2.0	2.0	100.0
	Total	51	100.0	100.0	

Table 4 shows the status of the housewives bearing children. Most of them have children (96%) and only 3 respondents have no children (6%). 2 respondents (4%) did not answer the question. The preferred number of children as shown from the table ranges from one to four.

Table 4 : Housewives bearing Children

		No of children			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no children	3	5.9	5.9	5.9
	1-2 children	17	33.3	33.3	39.2
	3-4 children	13	25.5	25.5	64.7
	5-6 children	9	17.6	17.6	82.4
	more than 6 children	7	13.7	13.7	96.1
	no answer	2	3.9	3.9	100.0
	Total		51	100.0	100.0

Table 5 shows the distribution of availability of job openings for housewives outside their homes in the village where they resides. Most of them, about 67 percent, do not have any outside job to perform as there are not much economic activity in the village. Only 27 percent of the housewives are able to secure outside job. The factors of illiteracy and poverty could also dampen the spirit of seeking outside jobs in the village.

Figure 5 : Outside Job Opportunity for Housewives

		Do outside job			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No outside job	34	66.7	66.7	66.7
	Do outside job	14	27.5	27.5	94.1
	No answer	3	5.9	5.9	100.0
	Total		51	100.0	100.0

When housewives were asked to indicate the information needs that are considered important for them to run their daily lives they place access to health information in fifth position. Most of the respondents believed information on finance, child education, religion, and food must come first before that of health. They scored 82%, 80%, 80%, 71% respectively for finance, child education, religion, and food while access to health information needs receive 69%. As the housewives are rural dwellers they are not much interested to know more than the village lot. As such it is to be expected that they could not be bothered by what is happening in the international arena, thus the score received for international issues is just 8 percent.

Table 6 : Type of Information needs

Information needs	Percent
Finance	82.4
Child education	80.4
Religion	80.4
Foods	70.6
Health	68.6
Home beautification	51.0
Hobbies	47.1
International Issues	7.8

Table 7 shows the perceived value of the sources of information arranged according to the degree of importance which indicates that the mass media such as newspapers, magazines, television and radio are much preferred as compared to internet which is at the bottom of the table. This pattern of media usage by rural community especially the housewives has been demonstrated in many studies conducted in developed and developing countries. As a matter of fact in developing countries such as Bangladesh and El Salvador, mass media is conventionally utilized to promote family planning programme. (Hasan and Baten ,2005)

Table 7 : Perceived value of sources of information arranged according to degree of importance

Sources of information	Percent
All items in newspapers and magazine	82.4
All items in TV and radio	82.4
Anything can be found in books	78.4
Anything that can be found in classes, course, briefing etc	72.5
All items in video and audio recordings	51.0
Internet	17.6

In general the responses of the housewives to health information sources tend to be quite different from those of Table 7 shown above. The housewives value magazines as a major source where they can obtain health information. As most of them receive education at secondary school level the magazines that they use to obtain health information will not be from a typical professional journal. It is most likely that they choose the popular magazines which have some sections on health information. In Malaysia there are a good number of such magazines which are distributed widely and pricewise are cheap, thus housewives can afford to have one.

Table 8 shows that 67 percent of respondents read magazine for their health information needs. They also consulted family/friends and information from newspapers for health information. As expected other mass media, like TV and radio are also useful for getting health information.

It is pertinent to note here that despite the low availability of Internet in their village and their lack of competencies in navigating the Internet the housewives still do not shun away from using Internet for accessing health information. At least 10 percent recorded the use of Internet for accessing health information.

Table 8: Type of Sources used to access health information

Information sources type	Percent
Magazine	66.7%
Family or friend	58.8%
Newspaper	58.8%
TV/radio	56.9%
Book	37.3%
Internet	9.8%
Class or course	5.9%
Video or cassette recording	3.9%

When the housewives were asked on the type of information needed by them on the Internet they responded by scoring health information on par with that of financial information needs at 64 percent. On top of these needs are the food and their child education needs at 71 percent.

Table 9 : Type of information needs access through Internet

Information needs	Percent
Food	71.4
Child education	71.4
Health	64.3
Financial	64.3
Religion	57.1
Home beautification	50
Hobbies	42.9
Others: international issues, motivation, family problems	7.1

Table 10 shows the type of information sources available on the Internet for the housewives to choose upon. As expected the housewives choose the homepages or websites of the relevant health resources to fulfill their information needs. However, we did not expect the rural housewives to use the online periodical, discussion forum and e-book on the Internet as reflected in the results shown in Table 10 at 29 percent, 21 percent and 21 percent respectively. The results indicate that there is a trend to access health information from whatever information sources are available whether they are printed in magazines or available in electronic form over the Internet.

Table 10 : Type of Internet information sources used by housewives to access health information

Internet Information sources	Percent
Webpage	57.1
E-mail	14.3
Advertisement	7.1
E-book	21.4
Online Periodical	28.6
Discussion's forum	21.4

Table 11 shows the barriers that housewives have to go through while seeking for health information generally. For health information about half of the respondents responded positively. However, one third of the housewives are facing certain level of difficulty in securing the information needed to run their lives bearing on health issues. Some of them have offered suggestions to overcome the situation. Some of them suggested that handouts and articles on benefits of Internet, information awareness, health, nutrition etc. should be circulated from time to time. More information related activities also should be organized by the authority. For example, having classes on health, internet, nutrition etc on a regular basis should be initiated. A community special fund for IT literacy program also is recommended to be introduced. This fund will enable IT literacy program be participated by poor housewives.

A library, preferably a mosque library should be built in order to fulfill the information needs of housewives specifically and the rural community generally. The library should incorporate internet services as a gateway to world wide information for housewives and other communities. The library also can organize useful program such as "go to library" campaign etc.

Mobile library services introduced by the State Library of Selangor should reach all groups of users in this village, such as housewives and the disabled groups who most of their time reside in their houses.

Table 11 : Barriers toward accessing health information

Difficulty levels	Percent
Very difficult	2
Difficult	7.8
Uncertain	21.6
Easy	43.1
Very easy	11.8
No answer	13.7

Conclusion

This study has managed to uncover the information needs and seeking behaviours of the housewives in a rural setting of Malaysia, particularly with regard to access to health information. The results showed that the housewives in this village take the issue on health information seriously. When seeking information on health the housewives use popular magazines as the main source, followed by consultations with family and friends and also the mass media. When seeking information on health through the Internet most of the housewives use the relevant websites or homepages to get the needed information. In addition they also use the online periodicals as well for electronic health information. Generally they observed that their village lack certain infrastructure that impedes their success to access health information. They hope that the authorities would assist them in overcoming their problems. They suggest the establishment of a mosque library that have Internet facilities in their village as a short term solution to their problems.

REFERENCES

- Davies, M. M. & Bath, P. A. (2001) The use of information on antenatal and post natal care by minority ethnic women. *Journal of Documentation*, 58(3), 302-318.
- Hasan, S. & Baten, A. (2005) Role of Mass Media in Promoting Family Planning in Bangladesh. *Journal of Applied Sciences* 5(7), 1158-1162
- Hibbard, J. H., Greenlick, M., Jimison, H., Kunkel, L. & Tusler, M. (1999). Prevalence and predictors of the use of self-care resources. *Evaluation and the Health Professions*, 22(1), 107-122.
- Mohd Noor, M & Kassim, A. (2007) Digital Literacy : Urban vs. Rural areas in Malaysia <http://egovonline.net/egovasia/2007/fullpapers/>
- Momodu, M.O. (2002). Information Needs and Information Seeking Behavior of Rural Dwellers in Nigeria: a case study of Ekpoma in Esan West local government area of Edo State, Nigeria. *Library Review*, 51(8), pp.406-410.
- Mooko, N. P. (2005) The information behaviors of rural women in Botswana. *Library & Information Science Research*, 27(1), 115-127.
- Su, S.S. and Conaway, C.W. (1995). Information and a Forgotten Minority-elderly Chinese Immigrants. *Library and Information Science Research*, 19(1), 69-86.
- Warner, D. & Procaccino, J. D. (2004). Toward wellness: women seeking health information. *Journal of the American Society for Information Science and Technology*, 55(8), 709-730.