

Health Information Seeking Behaviour: A Review of Literature

B. S. Maheswarappa¹ and Arvind Bhadrashetty²

¹Professor, Department of Library and Information Science, Gulbarga University, Gulbarga, Karnataka, India

²Librarian, Government First Grade College, Kalagi, Dist Gulbarga, Karnataka, India

E-Mail: maheswarappabs@gmail.com, arvind.bhadrashetty@gmail.com

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Abstract - Reviews the literature to identify the gaps and find a clear definition and context in which the term Health Information Seeking Behaviour (HISB) is used. A retrospective search of the literature was conducted using the CD-ROM databases such as LISA, Sociological Abstracts, Psychological Abstracts, Pubmed and Google Scholar. Relevant articles were selected for review. From the review, it is clear that most studies are from Western countries and conducted on disease-oriented groups. Though, some are from specific user groups, but very few studies are on general public's health information seeking.

Keywords: Health Information Seeking Behaviour, HISB, Consumer Health Information, Review

I. INTRODUCTION

As the axiom "Health is Wealth" is true in all ages, but the health remains one of the critical determinants for the wellbeing of everyone in the society. People require information to maintain good health. It is imperative to know how people obtain health information and assess the source of health information. In recent times, the health information seeking behavior has emerged as a field of study. Therefore, an attempt is made here to identify and survey the relevant literature on the topic. A retrospective search of the literature was undertaken using the CD-ROM databases such as LISA, Sociological Abstracts, and Psychological Abstracts. Also searched for full-text articles on the topic, PubMed – one of the leading international databases in health sciences and the Google Scholar.

II. HEALTH INFORMATION SEEKING BEHAVIOUR

Health information seeking is diverse in nature, and there is no clear definition in the studies reported. Lambert and Loiselle (2007) critically studied the scientific literature from 1982 to 2006 on the concept of health information seeking behavior (HISB) to ascertain its level of development and clarify the concept's essential characteristics. A principle-based method of concept analysis provides the framework for exploring the nature of HISB. The authors surveyed approximately 100 articles and five books on HISB. Although it is a popular concept used in various contexts, most of the definitions lack insight into the concept's specific meanings. So, the authors described the concept's characteristics contributing to a clearer understanding of HISB, and discussed the operationalizations, antecedents, and outcomes of HISB.

Such an analysis of HISB might promote theorizing the concept and assist health care providers in designing optimal informational interventions. Abubakar and Harande (2010) while in their discussion on information-seeking behavior literature in health sciences, identified several factors related to information-seeking behavior including conditions, culture, and background. Seeking information about one's health is progressively authenticated as a key coping strategy in health-promotive activities and psychosocial adjustment to illness. Many studies by Lambert, Loiselle, & Macdonald, 2009, Carlson et al., 2006, Jejeebhoy, 1997) are reported in different settings with diverse study population.

III. GENERAL PUBLIC'S HEALTH

The general public is the lay person including men, women, adolescents, teenagers and elderly. Balagopal (2009) reported a study on morbidity among poor elderly in an urban slum in South India. The low literacy, low participation in paid employment, poor access to assets, poor nutrition, and ill health among elderly women belonging to low-income families and communities and rendered them of deprivations. These deprivations are a reflection of unequal social and economic structures. The onset of chronic illnesses at old age adversely affects the quality of life of the elderly who enter old age with overlapping and chronic socio-economic deprivations.

India is the second most populous country in the world. The socio-political-demographic and morbidity patterns have drawn global attention in recent years. Despite growth-orientated policies followed by the government, the widening economic, regional and gender disparities are posing challenges for the health sector. Patil, Somasundaram and Goyal (2002) highlight general public's status of health in India. About 75% of health infrastructure, medical manpower, and health resources are in urban areas. Communicable infectious and waterborne diseases predominate the morbidity pattern in rural areas. However, non-communicable diseases are also on the rise. Therefore, the health status of Indians in rural areas is still a cause for grave concern as the life expectancy (63 years), infant mortality rate (80/1000 live births), maternal mortality rate (438/100 000 live births) are all reflections of this. To correct the current situation, the problem of rural health requires a holistic approach both at the national and state

and district and regional levels. A paradigm shift from the current 'biomedical model' to a 'sociocultural model', which should bridge the gaps and improve the quality of rural life, is the current need. A revised National Health Policy is addressing the current disparities, and working towards promoting a long-term perspective plan, essentially for rural health, is crucial. De et al. (2012) presented the results of a public report on health initiated in 2005 to understand public health issues for people with diverse backgrounds living in different region-specific contexts. A bottom-up view of the health situations and settings in six states - three doing and three not-so-well doing ones - was arrived at through a study by a multidisciplinary team with varied backgrounds in health research. The findings have been used to analyze the ongoing systematic efforts to deal with the various hurdles thrown up by the National Rural Health Mission.

For the second global symposium on public health where health systems research experts from 117 countries gathered in Beijing in November 2013 to discuss the issues of universal health coverage. They called upon for equity-based inclusion of disadvantaged communities and population subgroups. The aspects of social exclusion, and inequalities in health status; service delivery; dynamics of informal and private sector relationship with the government sector; issues of increasing urban population and demographic changes of aging need more research. One of the reasons for poor knowledge translation by the policymakers and public health practitioners of the knowledge generated by researchers and professionals is the poor interpretation of findings and lack of demystification in the way the layperson understands it (Antony, 2013).

IV. GENERAL STUDIES

Gavgani, Qeisari, and Jafarabadi (2013) conducted a survey in Iran to know how people obtain health information, in providing their users with health information. The setting of the study was four top public libraries of the Qazvin City of Iran. The study sample size was 200 (n=200). A structured questionnaire was employed to obtain data, and the data were summarized using frequency (%) for qualitative variables. The Chi-Square tests were also used to verify the relationship amongst the socio-demographic variables and health information seeking behavior. In Iran, the health information seekers are passive rather than active ones. "TV" and "discussions with others" are the most common resources for seeking health information. Amongst the persons used internet for searching health information, search engines such as "Google" or "Yahoo" were more used. Also results indicated that among people going to public libraries, there was a group that referred to the public library for finding information about health and for using information sources such as medical magazines, books. A meaningful relationship exists between education level and use of the internet for getting health information as well as between

age, job and "discussions with family, relatives or close friends" for receiving health information. The study recommends that one of the fundamental issues in public libraries could be instructing the citizens till people become intimate with accessible health sources in the library and even librarians teach them how to search on the official websites.

Health information seeking behavior of urban and rural Peruvians, primarily as a means to assess differences between these two populations of both access and levels of use of communication technologies for obtaining health information. The investigation was carried in four different areas of Peru during the period November 2006 during January 2007. Health experts assist as a key source of health information for urban and rural Peruvians; however, there are apparent variations in the ways urban and rural Peruvians obtain information about health related issues, at least regarding telecommunication mediums. Urban Peruvians are more inclined to take advantage of the Internet as a means of getting health knowledge; rural Peruvians still largely prefer radio as a source of health information (Garcia-Cosvalente, Wood, & Obregon, 2010)

Weaver et al.(2010) examined how different types of health information-seeking behaviors (HISBs)-no use, illness information only, wellness information only, and disease and wellness information combined are correlated with health hazard factors and health signs to determine possible motives for health information seeking. In summer 2006, a sample of 559 adults of Seattle-Tacoma area completed an Internet-based survey. The study evaluated kinds of HISB, physical and mental health indicators, health risks, and several covariates. Covariate-adjusted linear and logistic regression models were estimated. Approximately half (49.4%) of the sample reported HISBs. Most HISBs (40.6%) required seeking a combination of illness and wellness information, but both illness-only (28.6%) and wellness only (30.8%) HISBs were also widespread. Wellness-only information seekers reported the most positive health assessments and the lowest occurrence of health risk factors. A different pattern emerged for illness-only information seekers. Findings revealed a strange pattern of linkages in the kind of health information solicited (wellness, sickness, and so on) and health self-assessment among grown-up Internet users in western Washington State. These relationships suggest that clear health motives may underlie HISB, a phenomenon frequently overlooked in previous research. Gollop (1997) examined the means in which urban, older, African American women receive health information and some of the factors that determine such activity. Among the likely determinants examined were self-perceived literacy, access to health information, and movement. The conclusions suggested that respondents obtained health information from their physicians, the mass media, and members of their social networks. The results also showed that members of this population have an extremely positive opinion of the

public library, despite barely a small section use the library routinely, and the library needs to examine the role it could play in providing health information to older adults.

Petty (2012) used an electronic questionnaire to gather data on HISB and voice-related medical concerns from 151 classically trained singers and 49 nonsingers. The outcomes of interest were examined for the association with groups of singers and controls, accompanied by tests of association between demographic variables with each outcome of interest. Results revealed notable differences in specialty care access including point of the first contact ($P = 0.0085$), gender-associated delay of treatment introduction ($P = 0.0324$), and treatment of home cures for vocal problems ($P \leq 0.0001$). Notable differences in HISB were noted as well, including the history of having undertaken an information search ($P \leq 0.0001$), the possibility of having concerns about data quality ($P \leq 0.0001$), and difficulty in understanding where to find information ($P \leq 0.0001$). Variations were also affected by singing status, age, and gender. The insights given by these data may inform decision-making processes regarding patient care, patient training, and clinical outreach to the target population.

Thompson, Miller, and Witter (2003) analyzed the findings of an extensive household survey, uncovering compelling evidence of variation in health-seeking behavior across rural and urban areas. That is due to differences in real costs, quality of care, and perceptions of the value of health and health care. The urban households in Kazakhstan are more likely to consult, to be admitted to the clinic, to describe illness, and will spend comparatively more on health care. The data suggest the need for additional qualitative research into the circumstances underlying these patterns pointing to plans to improve the quality, acceptability, and affordability of rural health services. It was considered important given the decline in health indicators such as life expectancy in Kazakhstan and the increased burden on households of financing health care in a time of economic instability and decline of public services.

Manafa and Wong (2012) explored older adults' (55-70 years) health information-seeking behaviors employing a qualitative methodology, based on grounded approach. Data were collected using in-depth interviews with twenty participants and the participants were community-living, elderly adults in Toronto, Canada. Interview records were analyzed employing a qualitative thematic coding frame. Three themes describing older adults' health information-seeking behaviors emerged. The enabling and disabling practice of soliciting nutrition and health information to support an understanding of successful aging in this population. Chaudhuri, Le, White, Thompson, and Demiris (2013) in their study examined to determine which resources older adults use for their health information requirements, how dependable and trustworthy they locate the resources, and the challenges they encounter in acquiring health-related information. A 41-item

questionnaire intended to recognize the information-seeking characteristics of older adults was developed and distributed to retirement communities. Average rates showed respondents trusted sources of health information in the following scale (highest to lowest): health care providers, pharmacologists, friends and relations, retirement community staff, newspapers, the Internet, television, and the radio. The older adults have a greater amount of trust in a person with whom they can actively review their health as opposed to a nonliving source, which they have to access or manipulate, such as the Internet. Attempts must be made to help older adults better navigate and utilize the Internet and recognize dependable online sources so that they may develop their trust in its use, thereby improving satisfaction with their ability to seek and use sources of health information.

V. DISEASES ORIENTED STUDIES

Tortolero-Luna et al. (2010) described the health and cancer information seeking behaviors, sources of information, trust in information sources, and experiences in seeking information among the population of Puerto Rico by interviewing a total of 639 people. Approximately one-third of respondents had ever looked for information about health (32.9%) or about cancer (28.1%). The most often reported source of information was the Internet. College educated were more likely to seek health information. Similarly, college educated and females were more likely to seek cancer information. Only 32.7% of respondents had ever accessed the Internet, and college educated were more likely to use it. Results provided insights into the health and cancer information inquiring responses and activities of the population in Puerto Rico and add to the evidence base for cancer control planning on the island. A study by Rains (2014) was conducted to know uncertainty related to cancer prevention and information-seeking behavior. Consistent with research forecasts, the utility of the Web for information seeking associated with respondents' desired level of ambiguity to predict their actual level of difficulty about cancer prevention. The conclusions offered proof that respondents who used the Web to solicit for melanoma information were adequately able than were respondents who did not solicit information to accomplish a level of uncertainty commensurate with the degree of uncertainty they desired. Longo et al. (2010) report how individuals with diabetes seek and use health care information. They conducted nine focus groups with 46 adults with a diagnosis of diabetes and then analyzed the records and notes of these focus groups. Five themes emerged: (a) passive acceptance of health information about diabetes; (b) patients make their information web depending on their disease trajectory; (c) patients personal relationships helped them to understand and use this information; (d) a relationship with a health care professional is needed to cope with complicated and sometimes conflicting information; and (e) health literacy makes a differentiation in patients' ability to understand and use information. The patients reach conclusions on diabetes

self-management depending on their existing requirements, exploring and consolidating different information sources not traditionally viewed as providing health information. Based on findings, developed a new health information model that displays both the nonlinear character of health information-seeking behavior and the interaction of both active information seeking and passive receipt of information.

Hjelm and Atwine (2011) conducted a descriptive study with a snowball sample from a community in Uganda using semi-structured interviews with 16 women and eight men, aged 25-70. The qualitative content analysis was used to analyze the data. Healthcare was originally sought by doctors and nurses in the professional sector because of severe symptoms related to DM and/or glycemic control. Women were more often directed to follow-up of DM and persistent pain in joints, although males proclaimed fewer problems. Among those who felt that health care had failed, most had turned to traditional healers, more so women than men. Males more often directed to private for-profit clinics than females who more often utilized free governmental institutions. Perceived failure in health care to accomplish DM or related complexities led many, especially women, to explore alternative treatment from CAM practitioners in the folk sector. Living conditions, including healthcare organization and gender, seemed to influence healthcare seeking, but further studies are needed

VI.CONCLUSION

In recent years, the health information seeking has emerged as a subject. From the review, it is clear that most studies are from Western countries and different disease-oriented groups. Though, some are from specific user groups, but very few studies are on general public's health information seeking.

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