

Empowering women with information: An investigation of rural desert women's information behaviour in Pakistan

Information Development
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DOI: 10.1177/0266666918777880
journals.sagepub.com/home/idv



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Abstract

This study investigated the information behaviour of rural desert women residing in Hafizwala village from the Bahawalnagar district, Pakistan. Data were collected from adult females using an interview questionnaire. Face to face interviews with each female were conducted by visiting their houses. The rural desert women required information mainly on health (self and family), child education, religion, pregnancy related issues, cattle and poultry care, water purification. They perceived political, agricultural, nutritional, housekeeping, and current affairs related information as important. These respondents relied heavily on informal information sources such as family members, close relatives, and friends in information acquisition. Inaccessibility, illiteracy, lack of awareness, poor economic conditions, cultural restrictions, and language or communication barriers were the primary barriers in acquiring everyday information. These results are useful in planning need-based information delivery system for desert communities in Pakistan as well as other developing countries in Africa and Asia.

Keywords

information behaviour, rural development, women empowerment, desert women, Pakistan

Submitted: 13 December, 2017; Accepted: 28 April, 2018.

Background of the study

For consistent participation of rural women in socio-economic and political development of rural communities, it is essential to equip them with need-based and timely information (Naveed and Anwar, 2014; Naveed and Rahat-ul-Ain 2017; Kanaiki, 2001; Zhang and Yu, 2009). The dreams of women's empowerment, gender mainstreaming, rural development, and poverty alleviation cannot come true until rural women's timely access to needed information is assured (Naveed and Anwar, 2014; Naveed and Rahat-ul-Ain, 2017; Mchombu, 2001; Nimbalkar and Birad, 2014).

The lack of knowledge regarding the information behaviour of women in a particular community is a primary barrier in the provision of need-based information services to women (Naveed, 2013; Rosenberg, 1993). Understanding what rural women need to

know and how they seek needed information is the first step in designing an effective and efficient information delivery system for them to meet their needs and aspirations (Banmeke and Olowu, 2005; Zaverdinos-Kockott, 2004).

Literature review

There is a dearth of studies examining rural women's information needs and information seeking behaviour related to everyday survival. Most of these studies focus on the general information needs of women as associated with the whole sphere of life (Bakar, 2011;

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Chandra, 2014; Hossain and Islam, 2012; Ikoja-Odongo, 2002; Iqbal et al., 2013; Mooko, 2005; Nwagha, 1992; Patrick and Ferdinand, 2016; Saleh and Lasisi, 2011; Zaid and Popolla, 2010). Some studies have investigated women's agricultural information needs (Banmeke and Olowu, 2005; Elizabeth, 2007; Okwu and Umoru, 2009; Yusuf et al., 2013) and health related information needs (Bakar and Latef, 2009; Ngcobo, 1994; Nwagwu and Ajama, 2011; Uta, 1993; Wathen and Harris, 2006).

Of the African studies, Nwagha (1992) discovered that Nigerian rural women did not know how to use efficient ways for increasing agricultural productivity and their self-development. Radio, community leaders, friends, relatives, and religious leaders were their major information channels. Illiteracy and lack of information were the major factors contributing to the low socio-economic status of the rural women. According to Saleh and Lasisi (2011), the rural women of Borno State, Nigeria also required information on agriculture, child education, business, health, and politics. They also preferred informal information sources such as friends, relatives, family members, market women, village head, and school teachers for information they need due to easy approachability. While the Kenyan rural women's information needs were basically tied to health and agriculture, friends were the predominant information source, followed by mass media, which was mentioned by only a few women (Ngimwa et al., 1997).

The study of Ukachi (2007) examined the information needs of Nigerian rural women in the town of Badagry in Lagos State. Their information needs included agriculture, health, children and family relationships, housekeeping and household maintenance. They also consulted readily available information sources such as family members and friends in meeting their information requirements. Patrick and Ferdinand's (2016) study indicated that Nigerian rural women's information requirements centered on occupation, child care, and family relationship. Friends and family members were their major source of information. Lack of access, illiteracy, and language barriers were the major obstacle for these respondents while looking for needed information. This study recommended that information access needs to be enhanced in rural areas of Nigeria.

The rural women of Melmoth, KwaZulu-Natal, South Africa needed information on agriculture, health, education, career, transportation, business, security, welfare and pensions, and entertainment.

They preferred informal sources of information such as friends, neighbors, and relatives because they were unable to utilize printed sources of information. A significant number of respondents were dissatisfied with the information sources they identified, and favored oral transmission of information through radio and television. The reason for dissatisfaction with information sources was untimeliness, incompleteness, and lack of credible information. The Melmoth rural women also faced barriers such as illiteracy, lack of time and access, poverty, relevancy, and lack of infrastructure, in accessing the required information (Jiyane and Ocholla, 2004).

Mooko's (2005) study found that the information needs of Botswanan rural women were concerned with health and socio-economic issues. They sought information mostly related to certain diseases, how they were contracted, and the ways to treat them. Medical practitioners, prior experiences, radio, friends/neighbors and relatives were their major sources of information because of their availability and accessibility. Printed sources, political leaders, and sales representatives were the least consulted sources of information. These results echo those of Rutakumwa and Krogman (2000) that reproductive health and birth control was the primary concern of rural women in Uganda. They primarily relied on informal networks (family, friends, and colleagues) for information along with radio and community welfare officers.

Of the Asian research, the studies of Bakar and Latef (2009) and Bakar (2011) found that Malaysian rural women in the Gombak district required information on finance, child education, religion, food, and health to run their daily lives. Mass-media (newspaper, magazines, radio, television, etc.) and informal social networks (family and friends) were their preferred sources of information as compared to the Internet because these sources were freely accessible in the village. Lack of appropriate information infrastructure was the major barrier restricting their access to health information. The study recommended that a public library having an Internet facility would be a place to fulfill the information needs, especially of housewives, and generally of the rural community. According to Anwar and Supaat (1998), the Malaysian rural women needed information on religion, family bonding, health, current affairs, education, and nutrition.

Of the South Asian studies, Hossain and Islam (2012) reported that rural women in Bangladesh

required information mainly on agriculture (87%), animal husbandry (83%), food and nutrition (75%), health (75%), and child education (58%), followed by religion (42%), family planning (25%), politics (25%) and loans (17%). They were highly dependent on television, friends and neighbors, and prior experience for everyday information because these sources were easily available and they were familiar with them. Chandra (2014) studied the information seeking behaviour of rural women from West Bengal. The information needs of Bengali rural women primarily centered on politics, economics and health. Market women, government agencies, friends and relatives were the major information sources consulted. In contrast, Pakistani rural women from Soon Valley needed information on cooking, health, fashions, sewing, and home management, child care, and education. Like Bengali rural women, they also relied on television and informal social networks for needed information (Iqbal et al., 2013).

Problem statement

Desert women form a significant segment of the population of desert areas. However, no study appears to have been conducted addressing the information behavior of rural desert women. This is an important gap in the literature which needs to be filled. This research was therefore designed to investigate the information behaviour of rural desert women residing in a village of Bahawalnagar district of southern Pakistan. The results of the study will be useful in planning a needs-based information delivery system for rural desert communities in Pakistan, as well as in other developing countries in Africa and Asia.

Research questions

- What are the information needs of rural desert women?
- What are the sources of information for rural desert women?
- What barriers do rural desert women face in acquiring needed information?

The study setting

The majority (63.6%) of the population of Pakistan lives in rural areas and rural women constitute at least half of the rural population. The literacy rate of the total population is 57.9%, with male (69.5%) and

female (45.8), defining literacy as a person can read and write having age 15 and above (Pakistan Bureau of Statistics, 2017). The rural people including rural women require information for their basic survival and day to day concerns but they lack an appropriate information delivery system. (Naveed and Anwar, 2013, 2014). Agriculture is considered as the lifeline of Pakistan's economy with 42.3% of the total labour force employed directly or indirectly (Government of Pakistan, 2017).

This study was conducted at Bahawalnagar district, South Punjab. The selection of Bahawalnagar district was made purposively. Access to rural desert women was easy because one of the researchers was a resident of this district. Bahawalnagar district is situated in the south east of the Punjab province; according to the Population Census of 2017, the population of the district consists of 2,981,919 persons. A large majority (79.17%) of the total population are living in rural areas; the female population of 1,454,272 constitutes 48.77% of the total.

The village of Hafizwala is located on the Bahawalnagar bypass and is administered under the local government of Union Council Islampura Sadar 37. The majority of the village population is engaged mainly in livestock, farming and labour work. The women residing in this village are mostly housewives and engaged in domestic chores, family development and taking care of animals. The village has no basic facilities such as hospital, school, internet, library, television, etc.

Methods and procedures

This study adopted a quantitative research approach using the survey method to investigate the information behaviour of rural desert women from Hafizwala village, Bahawalnagar. A structured questionnaire was developed to collect data from rural desert women based on the previous studies (see Appendix A). The newly developed instrument was submitted to a panel of experts for review, and revised accordingly. An expert on information needs and seeking also reviewed and guided the translation and back-translation of the data collection instrument. It was pilot tested at Dinwala village with 12 respondents and minor changes were made in the instrument.

Population and sampling

There were about 100 families residing in Hafizwala village. The population of adult females in the village

was about 150. All the adult females residing in Hafizwala village were considered as the study population. The calculated sample size was 109 on the basis of 95% confidence interval and 5% margin of error. The selection of respondents was made through convenience sampling. There were 72 adult females who participated in the survey, indicating a 66% response rate which is reasonable and acceptable.

Data collection and analysis

The researcher visited the houses of the females to conduct direct interviews. Direct interviewing was considered most suitable for data collection in the rural environment because the rural women might be illiterate or less educated to respond a questionnaire independently. Each interview lasted for an average duration of 25–30 minutes. Afterward, the data were entered into IBM SPSS (version 21) for analysis. Descriptive statistics such as frequencies, percentages, mean and standard deviation were applied for analyzing the data.

Data analysis and results

Respondents' demographic composition

Table 1 outlines the demographic composition of the sample. The figures indicated that a large majority ($n=49$, 68.6%) of the respondents were aged equal to or less than 40 years, whereas 23 (31.94%) respondents were aged more than 40 years. These results indicated that most of the survey participants were in the active part of their life.

Most of the women ($n = 43$, 59.7%) never went to school. A good number of respondents ($n=21$, 29%) were even unable to read and write their own names and unfamiliar with their birth dates. Some respondents completed their level of education up to primary ($n=12$, 16.7%) and middle ($n=3$, 4.2%). Only 14 (19.4%) respondents had education above middle level.

A majority of the respondents ($n=62$, 86.1%) were married, followed by those who were unmarried ($n=6$, 8.3%) and widowed ($n=4$, 5.5%).

The marital age of the respondents was high, as there were 28 (38.88%) respondents having marital age above 20 years and 11 (15.27%) respondents having marital age between 16-20 years. Some respondents ($n=8$, 11.11%) mentioned that they had had underage marriages. For instance, one female stated "I was in the age of 10 years when my parents forced

Table 1. Demographic composition of the respondents (N=72).

Variable	Frequency	Percentage
Age (years)		
Up-to 25	14	19.4
26-30	15	20.8
31-35	13	18.1
36-40	7	9.7
Above 40	23	31.9
Education		
Illiterate	43	59.7
Primary	12	16.7
Middle	3	4.2
Matriculation	6	8.3
Intermediate	4	5.6
Graduation	4	5.6
Marital status		
Married	62	86.1
Unmarried	6	8.3
Widow	4	5.5
Marital age		
Up-to 5	9	12.5
6-10	9	12.5
11-15	9	12.5
16-20	11	15.3
Above 20	28	38.9
Number of children		
None	10	13.9
Up to 3	16	22.2
4-6	35	48.6
7-9	7	9.7
Above 9	4	5.5

me to had marriage as an exchange of my brother's wife" (Participant 21). Another respondent said "My parents married me when I was less than 18 years old. In my family's opinion, I was fully grown and someone in the village might sexually abuse me and the whole family had to face disrespect in the village. It's better for me to had early marriage" (Participant 47). One female stated "I was married at the age of 13 years and having health consequences of underage marriage because I had to abort my child twice in a couple of years after my marriage. The reason for abortion was my underage marriage as told by the midwife of the village" (Participant 58).

The respondents' number of children was also high, as about half of the sample ($n=35$, 48.61%) had 4–6 children. Seven respondents (9.72%) had 7-9 children and 4 respondents (5.55%) had more than 9 children. Only 16 respondents (22.22%) had fewer

Table 2. Information needs (N=72).

Information Needs	Scale					Mean	SD
	Extremely Important F (%)	Very important F (%)	Important F (%)	Somewhat important F (%)	Not important F (%)		
Family health care	61 (84.7)	10 (13.9)	—	1 (1.4)	—	4.81	.48
Self-health care	38 (52.8)	20 (27.8)	7 (9.7)	2 (2.8)	5 (9.6)	4.16	1.16
Child education	47 (65.3)	4 (5.6)	3 (4.2)	1 (1.4)	17 (23.6)	3.87	1.70
Religious information	33 (45.8)	12 (16.7)	6 (8.3)	2 (2.8)	19 (26.3)	3.52	1.68
Pregnancy issues	4 (5.6)	2 (2.8)	3 (4.2)	7 (9.7)	56 (77.8)	2.68	1.61
Cattle and poultry care	13 (18.1)	17 (23.6)	4 (5.6)	3 (4.2)	35 (98.6)	2.58	1.67
Water purification	15 (20.8)	6 (8.3)	4 (5.6)	2 (2.8)	45 (62.5)	2.22	1.69
Agricultural information	4 (5.6)	1 (1.4)	7 (9.7)	56 (77.8)	4 (5.6)	1.51	1.10
Political information	4 (5.6)	2 (2.8)	3 (4.2)	56 (77.8)	7 (9.7)	1.48	1.08
Home tasks (sewing, cooking, etc.)	4 (5.6)	3 (4.2)	1 (1.4)	57 (79.2)	7 (7.9)	1.47	1.10
Home beautification	3 (4.2)	5 (6.9)	2 (2.8)	61 (84.7)	1 (1.4)	1.44	1.11
Dietary information	2 (2.8)	2 (2.8)	4 (5.6)	61 (84.7)	3 (4.2)	1.34	.92
Current affairs	4 (5.6)	1 (1.4)	—	64 (88.9)	3 (4.2)	1.30	.98
Entertainment	—	3 (4.2)	2 (2.8)	1 (1.4)	66 (91.7)	1.19	.68
Income generation	2 (2.8)	1 (1.4)	—	2 (2.8)	67 (93.1)	1.18	.75
Making and selling handicrafts	—	—	5 (6.9)	2 (2.8)	65 (90.3)	1.16	.53

Scale: Extremely important= 5, Very important= 4, Important=3; Somewhat important= 2, Not important= 1.

than 3 children. Considering the population growth rate, these respondents seemed to be in need of information on family planning and birth control, but they do not realize such an information need.

Information needs

The desert women were asked to indicate their perceived level of importance on the pre-determined categories of information needs, using the scale as extremely important, very important, important, somewhat important, and not important. Table 2 presents the details of their responses.

The results show that the desert women perceived health information as extremely important for themselves as well as for their family (M=4.81, SD=0.48). The acute need for self-health information was anticipated because the people residing in desert areas lack adequate health facilities and they rely on one another for advice (M=4.36, SD=1.16). The prime minister of Pakistan has also referred to food, water, and health security as the most serious threat to continued existence of people living in desert areas. These findings echo those of Mooko (2005) who reported that Botswanan rural women's information needs centered on health and socio-economic issues particularly related to certain diseases, how they were

contracted, and the ways to treat them. These results are also consistent with those of Rutakumwa and Krogman (2000) who reported that reproductive health and birth control was the primary concern of rural women in Uganda.

This was followed by information needs such as child education (M=3.87, SD=1.70), religion (M=3.52, SD=1.68), pregnancy related issues (M=2.68, SD=1.61), cattle and poultry care (M=2.58, SD=1.67) and water purification techniques (M=2.22, SD=1.69). The need for such type of information was quite natural among rural desert women in Pakistan because they were usually responsible for child care, family care, maternal health, and animal husbandry. With this study, the results of Kaniki (1995), Ukachi (2007), and Saleh and Lasisi (2011) have been validated to a certain extent as African rural women also required information for basic survival, socio-economic issues and development such as health, child education, agriculture, business, religion, housekeeping, politics, and entertainment. These results were also in line with those of Hossain and Islam (2012) who reported that the information needs of Bangladeshi rural women centered on agriculture (87%), animal husbandry, health, food and nutrition, child education, religion and family planning.

Table 3. Information sources (N=72).

Information Sources	Frequency	Percentage
Family members and close relatives	70	97.2
Friends and neighbours	42	58.3
Midwives	35	48.6
Consult a doctor	27	37.5
Religious books	19	26.4
Spiritual leaders	18	25
Quacks	13	18.1
Newspapers and magazines	7	9.7
T.V, radio and other electronic media	7	9.7
Lady health worker	6	8.3

Agricultural, political, nutritional, housekeeping and current affairs related information needs were perceived as less important by these respondents with mean scores from 1.30 to 1.51. The role of rural women in Pakistan is to be supportive to male farmers and females do not actively participate in agricultural activities. Generally, the Pakistani rural women provide labor in the farm fields especially in cultivation, care taking and harvesting of the crop (Iqbal et al., 2013; Naveed and Anwar, 2013, 2014, 2015; Naveed, Anwar and Bano, 2012).

Scores of less than 1.00 showed, first of all, that the rural desert women were interested to only a small extent in information on diet, politics and current affairs. Pakistani rural dwellers, especially females, are politically ignorant and consider politics as an inconsequential endeavour (Naveed and Rahat-ul-Ain, 2017). This finding disagrees with that of Chandra (2014) who reported that Bangali rural women's information needs primarily centered on politics, economics and health. The respondents were least interested in having information on entertainment, income generation, and making and selling handicrafts.

Information sources

The information sources from which these 72 women obtained information for their basic survival were mostly informal (Table 3). Almost all the respondents (n=70, 97.2%) relied on family members and close relatives as sources of information. This was followed by friends and neighbors (n=42, 58.3%), midwives (n=35, 48.6%), doctors (n=27, 37.5%), religious books (n=19, 26.4%) and spiritual leaders (n=18, 25%). Some respondents (n=13, 18.1%) received

health information from quacks. The high reliance of desert women on informal social networks for health information might be due to lack of health services and child care facilities in this area. The spiritual leaders and religious books were the major information sources in meeting religious information needs. There was little evidence of the use of printed materials such as newspapers, books and magazines (n= 7, 9.7%) as a majority of these respondents (n=43, 59.7%) were illiterate (Table 1). The role of mass-media such as television and radio as sources of information was also very low (n= 7, 9.7%). Only 6 (8.3%) respondents consulted lady health workers as source of information in meeting their gynecologic information needs.

The heavy reliance of the rural desert women on informal sources of information might be due to the lack of an appropriate information delivery system in the area. Lack of awareness and access to authoritative health information can create an alarming situation in this area as the rural desert women were having health information from quacks. These results are consistent with the results of previous studies which reported that rural women preferred oral communication and relied heavily on interpersonal relationships such as family members, friends, and relatives for their information needs related to everyday life (Chandra, 2014; Iqbal et al., 2013; Hossain and Islam, 2012; Saleh and Lasisi, 2011; Ukachi, 2007). The results of these studies did not confirm whether this dependency of rural women indicated a real preference for oral communication or a compromise due to the lack of appropriate information delivery system. Printed materials such as books, magazines, and newspapers were the least consulted sources of information by the rural women due to illiteracy or low educational level (Jiyane and Ocholla, 2004; Mooko, 2005).

Barriers to acquiring everyday information

The respondents were asked to identify the key barriers in acquiring the needed information. Table 4 presents the details of their responses, and indicated that the majority (n=53, 73.6%) of the desert women perceived inaccessibility (M=3.84, SD=1.67) as the major barrier followed by illiteracy/low level of education (M=3.57, SD=1.24), lack of awareness about where to get what (M=3.31, S=1.34) and poor economic conditions (M=2.89, SD=1.39). The inaccessibility of information as a primary barrier was

Table 4. Barriers to acquiring everyday information (N=72).

Barriers	SCALE					Mean	SD
	Very Frequently	Frequently	Occasionally	Rarely	Never		
No access to information	43 (59.7%)	10 (13.9%)	1 (1.4%)	1 (1.4%)	17 (23.6%)	3.85	1.67
Illiteracy/low level of education	12 (16.7%)	40 (55.6)	8 (11.1%)	1 (1.4%)	11 (1.4%)	3.57	1.24
Lack of awareness about where to get what	8 (11.2%)	39 (54.2%)	7 (9.7%)	3 (4.2%)	15 (20.3%)	3.31	1.34
Poor economic conditions	5 (6.9%)	28 (38.9%)	16 (22.2%)	23 (31.9%)	2.89	1.39
Cultural restrictions (e.g cultural sensitivity, less trend of education, family reservations, security issues, etc.)	12 (16.7%)	4 (5.6%)	19 (26.4%)	4 (5.6%)	33 (45.8%)	2.42	1.51
Language/communication barriers	6 (8.3%)	7 (9.7%)	13 (18.1%)	4 (5.6%)	42 (58.6%)	2.04	1.38

expected because the Bahawalnager District is situated in the South Punjab. The southern areas of Punjab have poor information infrastructure, lack basic facilities (for example, hospital, library, water-supply system, etc.) and are considered backward as compared to northern and central areas such as Rawalpindi, Lahore and Faisalabad.

'Poor economic conditions' as a barrier to health information was quite logical because the rural people usually struggle for basic survival in everyday life.

Most of the respondents (n=37, 51.2%) never or rarely experienced cultural restrictions (e.g., cultural sensitivity, less trend of education, family reservations, security issues, etc.) as a barrier in meeting their information needs. This finding was not anticipated because the rural inhabitants were usually more sensitive towards their females and the rural women had some cultural restrictions. Although cultural restrictions are ranked fifth, there were still almost half the respondents (n=35, 48.7%) who experienced it very frequently, frequently or occasionally as a barrier to their everyday information acquisition. This was followed by those who experienced language/ communication barriers (n = 26, 36.1%) very frequently, frequently or occasionally.

Conclusions

Analysis of the responses of desert women indicated that their information needs were mainly concerned with basic survival and socio-economic issues such as health (self and family), child education, religion, pregnancy related issues, cattle and poultry care, water purification, agricultural, politics, nutrition, and housekeeping. Empowering rural desert women with

needs-based information would increase the efficiency and effectiveness of their everyday roles, improve their quality of life and develop their families. In addition, it would enable them to break down apathy, the culture of silence and engender them for active socio-economic and political participation in the sustainable development of Pakistan. Like African and Asian rural women, the Pakistani rural women residing in desert areas also relied heavily on informal information sources (such as family members, relatives, friends, midwives, spiritual leaders, and quacks) and preferred oral communication. However, it is not clear from the results whether these respondents had a real preference for interpersonal relationships in meeting everyday information needs, or if this was a compromise due to lack of appropriate information services infrastructure. This question needs the attention of researchers working on the information behaviour of rural communities in future investigations. Considering the rural desert women's barriers in information acquisition, such as inaccessibility, illiteracy, lack of awareness, and poor economic conditions, one can easily understand why they depend mainly on interpersonal relationships as sources of information?

The results of this study are very important for federal and provincial government authorities (legislators and policy makers) concerned with rural development, especially those responsible for the delivery of information services, such as the Department of Libraries and the Ministry of Information, Directories of Public Libraries. These results also have an equal importance for NGOs and women's organizations working to serve marginalized communities, empowering rural women, mainstreaming gender, and

alleviating poverty. Knowledge of information behaviour should be considered in planning and implementing information services intended to empower rural women. In addition, the government authorities should also consider oral communication as a way for information delivery to the illiterate populace while designing needs-based information services for rural communities.

This study does not claim to be the voice of whole rural community in Pakistan as the results represent only a single village in the desert areas. Hopefully, however, this study would be a worthwhile contribution to the existing research on this area as there was a dearth of research studies investigating information behaviour of rural women, especially those residing in desert areas. This research might also generate the interest of researchers in more detailed enquires focusing on the information experiences of marginalized rural women in developing countries, which were neglected so far.

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Appendix A: Questionnaire

Introduction: Hi, my name is _____ from University of the Punjab, Lahore. I would like to ask you few questions for a survey which we are conducting to investigate the information behaviour of desert women. This interview will last about 20-25 minutes. Your answers will be kept confidential and anonymous.

A. INFORMATION BEHAVIOUR

1. In dealing with day-to-day activities, what type of information do you always look for? [For each type of information, please tick only one option].

TYPE OF INFORMATION	SCALE					
	<i>Extremely important</i>	<i>Very important</i>	<i>Important</i>	<i>Somewhat important</i>	<i>Not important</i>	<i>No opinion</i>
Agricultural information						
Cattle & poultry care						
Income generation						
Family health care						
Self-health care						
Pregnancy issues						
Dietary information						
Water purification						
Children education						
Current affairs						
Home beautification						
Home tasks (sewing, cooking, cleaning, etc.)						
Making and selling handicrafts						
Political information						
Religious information						
Entertainment						
Others (Please specify)						

2. What channels do you approach in meeting needed information? [Multiple options can be checked].

Type of Information sources used	Yes	No
Family members and close relatives		
Friends and neighbours, etc.		
Spiritual leaders (Imam Masjid)		
Quacks		
Midwives		
Lady Health worker		
T.V, Radio and other electronic media		
Newspapers & magazines		
Brochure, leaflets, etc.		
Religious books		

(continued)

(continued)

Type of Information sources used	Yes	No
Mobile cellular services such as telemedicine, etc.		
Community gatherings / social events		
Library		
Internet		
Others (please specify)		

3. What barriers do you face in acquiring everyday information? Please check ONE option.

	Barriers	Very frequently	Frequently	Occasionally	Rarely	Never
1	No access to information					
2	Illiteracy/low level of education					
3	Language/communication barriers					
4	Infrequent visits of extension staff (Both agricultural and health)					
5	Lack of awareness about where to get what					
6	Cultural restrictions (like less trend of education, family reservations, cultural sensitivity, security issues, etc.)					
7	Poor economic conditions					
8	Others (Please specify)					

B. DEMOGRAPHIC DATA

- 1. What is your age? _____ Year.
- 2. Marital status: _____
- 3. Marital Age: _____
- 4. Childbearing: _____
- 5. Education: _____

Thank you for your invaluable time!