Health Information Seeking By Housewives In Disadvantaged Villages: Challenges And Solutions

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Abstract. This research examines the dynamics of seeking health information by housewives in disadvantaged villages, with a focus on challenges, media used, and proposed solutions. Housewives have an important role in maintaining family health, especially in areas with limited health infrastructure. The aims of this research are: (1) to identify the perceptions of housewives in disadvantaged villages regarding family health, (2) to understand patterns of seeking health information amidst limited access, (3) to explore the types of information most frequently sought, (4) to explore the media used used in searching for information, and (5) analyzing the obstacles faced and solutions that can be implemented. This research uses a descriptive method with a qualitative approach. Data was collected through in-depth interviews, observation and documentation in Tawangrejo Village and Pundungsari Village, Klaten Regency. The research results show that housewives in underdeveloped villages experience various obstacles, such as limited infrastructure, minimal access to information media, and the risk of obtaining inaccurate information. Media that are often used include direct communication with village health workers, village officials, as well as the use of handphones, television and social media. The main obstacles include difficult geographic conditions and lack of literacy to sort valid information. The proposed solutions include increasing socialization regarding accurate health information and adding health workers in underdeveloped villages.

Keywords: Health Information, Housewives, Underdeveloped Villages, Solutions.

1 Introduction

Health is a universal problem that is an important concern for the Indonesian government. Especially in terms of health services, where everyone has the right to get good health services. This health problem does not affect people who live in urban or rural areas. As everyone prioritizes health issues, each individual will try to stay healthy and keep their family healthy. Everyone should pay attention to health as the main need in their life. This makes everyone motivated to seek various forms of information from various sources. Either traditional or natural methods are options for supporting the health of family members. Current facts show that developments in information are spreading rapidly into the public domain. This is possible because there are various information media that can be accessed by anyone online easily. This information is

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not only through print media and electronic media, but also in new media. As per research conducted by Ditha Prasanti [1], searching for health information can be obtained through information media used by urban communities. Namely in the form of television media, online media, or credible website portal sites regarding health information and social media in the form of sharing information via WhatsApp Group, LINE Group, and BBM Group. So that the distribution of health information can be obtained very easily. Based on the phenomenon that occurs in disadvantaged rural communities, this situation has an impact on limited access to seeking information about the health of their families. Geographically, underdeveloped areas are far from access to health services and have very limited interaction outside their village. In the concept of social structure, there is an understanding of the existence of clear and orderly relationships between one person and another. Likewise with relationships between community members in underdeveloped villages who have little access to health. Disadvantaged Villages are areas that have availability and access to basic services, infrastructure, accessibility or public service transportation, and government administration that is still minimal compared to existing standards. In Appendix 1 of the Decree of the Director General of Village Community Development and Empowerment No: 303 of 2020, there are several villages with very low IDM. Two of them are Pundungsari Village, Trucuk District, Klaten Regency with an IDM of 0.5790, included in the IDM category of Disadvantaged Villages. Apart from Pundungsari, another underdeveloped village in Klaten is Tawangrejo Village in Bayat District with an IDM of 0.5943, which is also included in the IDM criteria for Disadvantaged Villages. This village in Klaten is ranked 57,462 with an IDM value of 0.5943. For information, in Central Java there are 7,802 villages, 146 of which are categorized as underdeveloped villages [2]. The situation and conditions of society in responding to family health issues are very diverse. People's attitudes in perceiving whether their family's health is important or not also depends on each person. There are those who think that their family's health is very important, so they will continue to update their information to find out about things related to their family's health. However, there are also those who think that their family's health is important but they are afraid to look for related information. This is because they think that their family's health problems are dangerous, but they can't do much about it. So they tend to look for little information about their family's health. Apart from that, there are also people who believe that their perception of their family's health is not considered too risky. So they act normal, because their family's health is considered normal. This community is still trying to find out what to do to maintain the health of their families. They seek health information from various sources as a precaution. They will also be more careful in interacting with other people.

There are also people who don't care about their family's health. They consider that the risk to their family's health is not too great, and they are not motivated to seek health information. The type of person who is indifferent to their family's health is usually apathetic and doesn't think at all about the situation around them. The pattern of seeking health information by housewives in underdeveloped villages can be searched through various media, both conventional media and new media. Health information in this case focuses more on general family health information and environmental cleanliness information which is usually sought by housewives in underdeveloped villages. This research is still relevant because family health remains a top priority today.

2 Literature review

2.1. Health Communication

The health communication theory used in this research is the Risk Perception Attitude Framework (RPA) proposed by Rajiv Rimal and Kevin Real [3]. This framework explains how an individual's risk perception and belief in their abilities (efficacy) influence motivation to engage in health behavior, including seeking health information.

Risk perception describes an individual's belief in their susceptibility to a particular disease or risk factor. Individuals tend to feel that they are at lower risk compared to the "average person." This often happens in various aspects of health, where people underestimate the risks they face. For example, many people estimate they have a lower risk of developing diabetes compared to other people.

The main prediction of the RPA framework is that individuals are more likely to act if they perceive risk and believe that they have the ability to influence the outcome. The main task is to help people recognize their risks and choose to take action to address those risks.

The RPA framework identifies four combinations of perceived risk and efficacy that influence individual responses,namely:

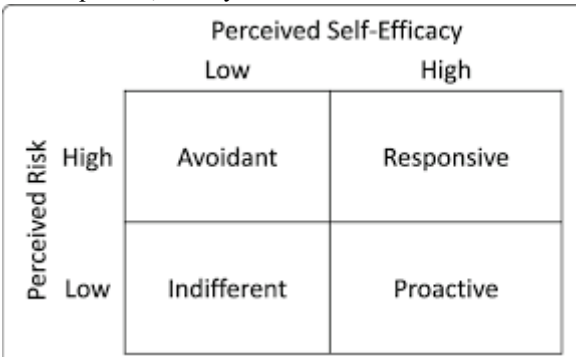

Figure 1

-Responsive (high risk perception and high efficacy),
-Avoidant/Anxious (perception of high risk and low efficacy),
-Indifferent (low risk perception and low efficacy),
-Proactive (low risk perception and high efficacy).

The responsive group is considered to be the most motivated and able to translate their motivation into concrete actions in maintaining health.

2.2. Health Information Seeking Behavior

Information seeking theory is very relevant to this research, especially in the context of health-related information seeking. Patel and Oza [4] put forward several information search models, one of which is the Johnson Information Search Model. This model

explains how individual background factors and interpersonal relationships influence motivation to seek information.

Johnson's model consists of seven main factors which are divided into three parts, namely:

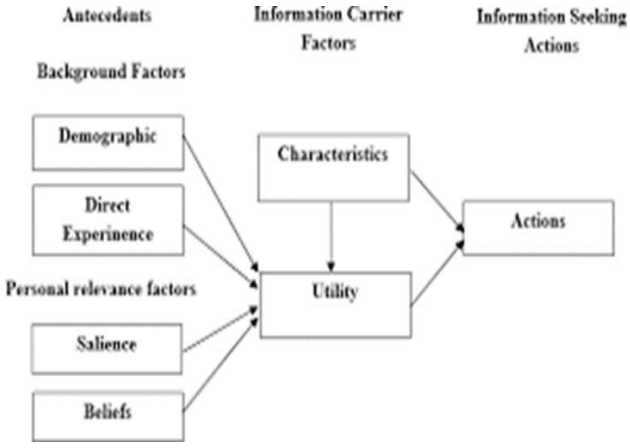

Figure 2

Background factors, such as demographics (age, gender, educational background, employment status) and direct experience. Individuals who have direct experience with illness tend to be more active in seeking family health information.

Personal relationship factors, including beliefs and the importance of information in a person's life.

This model illustrates that information seeking motivation is influenced by a combination of these factors.

2.3. Mass Communication

Mass communication is becoming increasingly relevant with the development of digitalization. Digitalization and media convergence have created many variations in forms of communication, especially via the internet. Mass communication, according to Bouman in Kustiawan [5], is a form of communication aimed at large populations, which are often unorganized but have similar interests or goals. Defleur and McQuail, also in Kustiawan [6], added that mass communication involves the use of media by communicators to spread messages widely and try to influence large audiences in various ways.

2.4. Interpersonal Communication

Interpersonal communication is a communication process between two or more individuals that is mutually beneficial and often provides emotional comfort. This communication can occur face-to-face or through other media, which aims to stimulate the meaning of verbal and non-verbal messages in the minds of other people. William

Schutz in Liliweri [7] explains that interpersonal communication plays a role in fulfilling social needs, which are divided into three main categories:
a. Affection: the need to give and receive affection,
b. Inclusion: the need to be involved and involved in social groups,
c. Control: the need to influence or control others.
Interpersonal communication is an important tool in fulfilling social needs, and is important to pay attention to in various communication contexts, including health and social behavior.

3 Methods

This research design used a qualitative approach to gain an in-depth understanding of the patterns of seeking health information by housewives in underdeveloped villages. A qualitative approach was chosen because it allows researchers to explore specific issues that arise in a particular context. In addition, this method provides researchers with the opportunity to understand social phenomena as a whole, including the unique experiences and perspectives of informants. According to Satori [8], this approach emphasizes the quality of the data produced to describe social reality in more detail. The research was conducted for six months. The research locations are in two underdeveloped villages in Klaten Regency, namely Tawangrejo Village in Bayat District and Pundungsari Village in Trucuk District. These two villages were chosen because of limited health facilities and social conditions that are closely related to family health issues. The sampling technique used was purposive sampling, where informants were selected based on certain criteria that were relevant to the research. The main informants were housewives who lived in Tawangrejo and Pundungsari villages, considering that they had experience in searching for information related to their family's health. The sample was selected taking into account their knowledge of health issues, including family members who may have higher health risks. Sampling techniques include using in-depth interviews to gather information from informants. This interview was conducted several times to gain a more complete and in-depth understanding of the informants' health information search patterns. This technique also allows researchers to verify and deepen the data that has been collected [9]. Apart from that, it also uses direct observation of informants' activities in seeking health information. This observation helps researchers get an idea of the media used by the informants and how the information is disseminated in their families and communities. Then by using documentation studies or other supporting data, including notes or reports relating to patterns of searching for health information in these villages. Data analysis was carried out using Miles and Huberman's interactive model which involves three main stages, namely Data Reduction, where the data that has been collected is coded and grouped based on the main research themes, with the aim of simplifying and focusing the information. Next, Data Presentation, namely data that has been organized is presented in the form of a matrix or diagram to facilitate further analysis and drawing conclusions. Lastly, Drawing Conclusions and Verification, namely research conclusions drawn after the data has been analyzed and verified through a double-checking process. This stage ensures that the conclusions produced are valid and can

be used to answer research questions. Thus, this research seeks to understand in depth the pattern of searching for health information carried out by housewives in underdeveloped villages, as well as the factors that influence it.

4 Result and Discussion

The results of research conducted with housewife informants in disadvantaged villages showed that in terms of searching for health information which included personal and family health as well as environmental cleanliness, the informants utilized face-to-face communication and used the media. As for dealing with several illnesses that infect themselves and their families, both mild and serious illnesses, there are different ways for one housewife to another. Health services in underdeveloped villages have very minimal access, housewives usually have to look for information to care for and protect their families from all kinds of diseases. In facing illnesses that are considered serious, both in themselves and their families, there are those who consider serious illnesses to be scary. In fact, people don't want to know more about this disease because of fear and anxiety. But there are also those who are aware of continuing to look for information about how to treat illnesses or avoid illnesses so that their families are free from all kinds of illnesses. A person's perception of certain types of disease, some consider it dangerous, frightening. There are also those who consider the disease dangerous, but consider it normal and carry out activities with the disease they have. The results obtained show that housewives in underdeveloped villages have different perceptions about their family's health and in their search for health information. In accordance with the research objectives (1) to identify the perceptions of housewives in disadvantaged villages regarding family health, (2) to understand patterns of seeking health information amidst limited access, (3) to explore the types of information most frequently sought, (4) to explore the media used in searching for information, and (5) analyzing the obstacles faced and solutions that can be applied, the results are as follows:

4.1. **Perceptions of Housewives in Disadvantaged Villages about Their Family's Health**

In responding to the types of illnesses suffered by themselves and their families, housewives in underdeveloped villages have their own ways of dealing with them. There are those who perceive that if they have been exposed to a certain disease, it means that their family members are at high risk of certain diseases. These different perceptions are also related to how housewives search for information about the disease.

4.1.1. High Risk Perception

Some housewives in underdeveloped villages consider their family's health a serious risk, especially if they or their family members have congenital illnesses. They actively seek information related to disease both through social media and village health workers. Housewives in disadvantaged villages whose families are affected by illnesses, whether related to family health or congenital diseases such as diabetes, hypertension and heart disease, remain responsive in seeking information. Based on research results, some housewives in underdeveloped villages believe that the risk to their family's health is high. This group of mothers who have a high risk perception then actively seek information about how to maintain their family's health. They are included in the **responsive group** according to the Risk Perception Attitude (RPA) theory, which describes individuals who actively seek information to prevent exposure to health risks [10]. However, there are also housewives who, even though they think the risk is high, tend to avoid health information for fear of increasing anxiety. They are reluctant to seek information because they are worried that the more they know, the more anxious and helpless they will feel. This is also in line with RPA theory, where the perception of high risk is not always accompanied by efforts to seek information[11]. This group is called **anxious or avoidant**.

4.1.2. Low Risk Perceptions

Some housewives in underdeveloped villages who have a low perception of family health risks remain proactive in seeking health information to maintain family health. Even though they feel they do not have a high risk of disease, these mothers actively seek out various sources of health information as a preventive and protective measure for the family.According to the Risk Perception Attitude (RPA) theory, groups like this can be categorized as **proactive groups.** Even though their risk perception is low, they still consider it important to seek relevant health information, such as how to prevent and treat disease, in order to maintain family health [12].

4.2. **Health Information Seeking Patterns for Housewives in Disadvantaged Villages**

Housewives in underdeveloped villages generally seek health information through several sources, such as midwives, local health workers, village officials, and social media, especially WhatsApp. This direct search for information shows high trust in local information sources and close interpersonal relationships within the community. Apart from that, they also often rely on interactions with family, neighbors and village officials as reliable sources of health information. This model of seeking health information carried out by housewives in underdeveloped villages is in line with the theory put forward by Johnson, where information seeking is strongly influenced by demographic factors and direct work experience [13]. Factors such as age and level of education are also important motivations that encourage them to seek health information that is relevant to their family [14]. Apart from that, the use of social media such as WhatsApp also indicates their adaptation to technological developments even though they are in areas with limited access to formal information. The use of social media as a means of searching for health information has been proven effective in several studies, especially among people with limited access to information [15]. This shows that the role of social media can complement other local information sources,

especially when more specific or immediate information is needed, such as regarding maternal and child health.

4.3. **Health Information Looking for Housewives in Disadvantaged Villages**

In the current era of information openness, people can easily access various types of information through various media, including health information. Many people use social media platforms to obtain information for personal and family needs. Likewise, housewives who live in underdeveloped villages use this platform to search for health information such as chronic diseases, healthy lifestyles, environmental cleanliness, and how to deal with diseases that may arise in the family. Not only limited to family health, the information sought by housewives in underdeveloped villages also covers various other aspects of health. According to the Diffusion of Innovation theory, the health communication process aims to achieve mutual understanding between individuals in a community. This process occurs through various communication channels, both formal and informal, which support the dissemination of information more effectively [16].

4.4. **Media Used to Search for Health Information**

Housewives in underdeveloped villages have limited access to health information, mainly due to inadequate education, economic factors and digital infrastructure. These obstacles often force them to rely on traditional media such as television and radio, as well as direct communication with health workers. Television, as a source of information that can be accessed more easily, is often used as a choice for obtaining basic health information [17]. However, with the development of technology, the use of cellphones and the internet is starting to increase even though their use is not yet optimal due to limited digital skills [18]. Apart from mass media, the theory of media use by Katz, Gurevitch, and Haas [19] is still relevant in explaining the motivation of housewives in disadvantaged villages in accessing information. According to this theory, mass media not only functions to fulfill cognitive needs, but also social and emotional, which is in line with recent findings that social media and cellphones allow them to feel connected to the outside world and obtain social support [20]. However, their preference for direct communication with health professionals shows the importance of personal interactions in building trust and deeper understanding of health information.

4.5. **Barriers and Solutions in Searching for Health Information**

Housewives, especially those living in disadvantaged villages, face various obstacles in accessing accurate and reliable health information. Some of the main contributing factors include limited physical access to health facilities, lack of presence of medical personnel on site, and challenges in assessing the validity of information available online. This situation is often exacerbated by limited communication infrastructure and low health literacy which can affect housewives' ability to understand and filter information. For many village housewives, adequate health facilities may be located quite far from where they live. This long distance is a significant barrier due to transportation limitations and the costs that may be incurred to access it. The absence

of medical personnel at the required time can mean that housewives do not have access to direct information from trusted sources, so they often have to rely on information from their surroundings or from the internet, which may not be verified. Invalid or hoax information on the internet can cause concern and even wrong health practices. Low health literacy is another major challenge. Many housewives do not have the ability to understand health information well. This makes them vulnerable to misleading information, especially from sources that are not credible. Apart from that, environmental support, such as outreach from health cadres or community leaders, also plays an important role in helping housewives access and understand the information they need [21]. Socialization and Education through Home Visits: Socialization programs and home visits carried out by midwives or local health cadres can provide direct and personalized health information. This allows housewives to ask questions and obtain information that can be easily understood, adapted to their local context [22]. Increasing Digital Literacy and Health: Efforts to increase digital literacy and health in villages are urgently needed so that communities can utilize technology effectively. Training on how to evaluate information sources on the internet can help housewives obtain correct information and avoid hoax news or misinformation [23].

5. Conclusions

The conclusions from the research that has been carried out are as follows:

1. The perception of housewives in rural areas is lagging behind regarding whether certain diseases are high risk or not, there are several different perceptions. There are housewives who consider that a certain disease is a high risk disease and they look for information to understand about the disease, including its transmission, prevention and treatment methods (Responsive). There are also those who think that a disease is not a high risk for society, but they still look for health information (Proactive). The third attitude, the housewife perceives that illness in her family is a high risk, but is not active in seeking health information because she is worried that she will not be able to do anything (Anxious).

2. This pattern of seeking health information means that housewives in disadvantaged villages mostly seek health information based on personal relationships, demographics and direct experience. Regarding personal relationship factors, housewives seek information by asking their husbands, parents, siblings, friends and neighbors. Furthermore, from demographic factors, this factor can involve age, occupation and gender.

3. Health messages or information that housewives in underdeveloped villages need or are looking for, generally looking for family health information. The messages or information include how to ensure that your family is healthy and does not get sick, treatment and prevention. Apart from that, there are also chronic illnesses suffered by family members. Starting from diseases that can attack toddlers to the elderly. There are also various types of disease, including hepatitis, heart disease, stroke, diseases that can affect pregnant women and toddlers. Apart from disease, some village housewives realize the importance of a healthy lifestyle. So housewives look for information on healthy lifestyle patterns to maintain the health of their families.

4. The media used by housewives in rural areas is left behind in seeking health information. Apart from face-to-face communication, the use of cellphones, television and the internet has also spread to rural areas. use of media to search for health information. Housewives in underdeveloped villages also use a variety of mass media, namely the internet, social media (Instagram), and news portals. Whatsapp group is the new media that is most widely used to search for health information.

5. Barriers to seeking health information in underdeveloped villages include individual factors such as low ability to select information, as well as environmental factors such as limited access to health services. The proposed solutions include outreach, home visits by midwives, improving the village economy, and building adequate health facilities.

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