

Health Information Seeking Behavior of College Students in the Sultanate of Oman

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Health Information Seeking Behavior of College Students in the Sultanate of Oman

Dr. Khalid Sultan*, Varghese Riju Joshua** and Udayan Misra**

ABSTRACT

OBJECTIVES: This study examined different types of Health information seeking behaviour among college students in Oman. It examined the factors affecting students' health information seeking behaviour and sources of health information. Students being agents of change and technology driven, how they used media for health information and their perceived quality of health information in mass media was studied.

METHODS: Survey was conducted in six colleges in different governorates of Oman collected in 2014 and in 2016. English to Arabic translated questionnaires were used to collect data from undergraduate students. SPSS was used, descriptive statistics and chi-square tests at $p < 0.05$ were done for data analysis (2014 $\{x^2=6.146, p=0.013\}$ and 2016 $\{x^2=4.604, p=0.032\}$ respectively).

RESULTS: The findings show that majority of the students were likely to involve in health information seeking process and internet was the most preferred source of health information among students. Gender and other demographic variable were not significantly associated ($p > 0.05$) with health information seeking behavior of students

CONCLUSION: Health information seeking behavior needs to be documented for theorizing messages, developing social and health initiatives. A scope for understanding how youth process health information and its impacts on their health should be explored.

KEYWORDS: Health Information seeking behaviour, Health Communication, Health information.

INTRODUCTION

Health Information Seeking Behavior (HISB) is one of the well documented studies which are used as ground information to develop effective health communication initiatives, health promotional activities and psychological adjustment illness¹. With the passage of time HISB has evolved as a tool for engaging people amid understanding with health care systems keeping in view their respective socio-cultural, demographic and economic circumstance². As an individual-level construct, HISB refers to person's ability to comprehend and act on health information^{3,4}. Research shows that person with less health

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Comment [FA1]: How about Reverse translation
Reverse translation not needed because all data were quantitative.

Comment [n2]: Response data were only quantitative and hence reverse translation not required

Comment [AA3]: Present the result in actual figures.

Comment [n4]: Details statistics is given in the description.

Comment [AA5]: Use MESH keywords.

Comment [R.6]: Not applicable. This is social science research

Comment [AA7]: If this is an already well established and documented study then what is your rationale to carry the same??

Comment [UM8]: Rationale is duly explained in the passage.

information ⁷ may have limited knowledge about their health problems, higher health care cost, higher hospitalization rates, and worse health status than people with adequate information and literacy ⁵. However, there is a growing literature that oppose individual as a decisive agent in promoting 'good' health seeking behavior ⁶. Studies on HISB helps to understand how people use various sources for imparting health need and this in turn helps improving health information services ⁷. There exists a lack of clarity on concepts associated with health information. Lamber ¹ reports that a clearer understanding of HISB can be helpful to health communications in designing effective interventions.

Health communication takes place from one-to-one conversations to digital interactions such as texting and blogging and social media connections. Irrespective of the form of messages, key is to build better understanding of health. This process leads to health literacy, a state in which an individual will develop logical sense to read and propound decisions affecting health status of self and surrounding society.

Health literacy is considered to be one of key factor in this context as it is a measure of the individual ability to read, understand and act on instructions provided by the medical expert through campaign or doctor ⁸. There are various definition of health literacy ranging from individual static definitions to individual dynamism and from individual system to public health ^{9,10,11,12,13,14,15,16}.

Osborne¹⁷ defines health literacy as sharing of health information to patients and families in an understandable tone. However, ⁹ based on a review of the cited definitions and panel of expert consultation, a new definition of health literacy emerged. It is defined as: ⁸ *"The degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make informed health decision"* ^{18,3}.

¹⁹ Researches in health literacy have focused on the ability to read health information and its impact on personal health and there is a call for studies to have broader view of health literacy¹⁸. ¹⁸ People with low health literacy are more prone to poorer health outcomes than with people from lower socio economic statues ²⁰. An American study performed in clinical care settings report that patients and family member with low health literacy experience communication problems and poorly understand health information disbursed by health professionals ²¹. The Institute of Medicine (IMO) headlines reported that the magnitude of the poor health literacy could be judged from the fact that nearly half of our adult population

is unable to understand health information communication ¹⁰. Studies have focused on the nature of information seeking behaviour's, the factors that enforce population to seek information on illness, wellness and lifestyle matter related to health ^{22, 8, 5}. At times, health information may be confusing even to highly educated owing to the technical language and changing nature of health information across sources. Communication problems with health professionals can negatively impact the outcome of medical care for some patients, according to a report by the health literacy committee of the American Medical Association²³. The report also revealed that inadequate health literacy may increase the risk of hospitalization. Ultimately, quality health care service and improved health literacy can lead to effective communication and right decision ²⁰. A considerable literature supports the development of rational policy amid raising the socio-economic status through multi-sectoral development empowering women with consistent training and non-formal education have been shown to have some positive effects on HHSB ²⁴. Helen Osborne¹⁷ cites six main reasons for trouble understanding medical information:

Literacy: If people have trouble reading, they will inevitably have problems with understanding health information.

Age: Older adults tend to have more problems once the ability to hear and see declines.

Disability: Any disability that affects the ability to read and communicate may have an impact.

Language: Non-English speakers tend to run into problems if the instructions are presented in English. Sometimes, part of the information gets lost in translation.

Culture: Different cultures may have different understandings and expectations of health care.

Emotion: When a person is sick and vulnerable, it can be difficult to fully understand health information.

Study Significance

The study would be of immense importance as it would identify the health information needs of people which could help policy makers to customise their messages for future communication initiatives. Also, it would assess ways of making communication easier between health care professionals and the clients. Understanding how audience use mass media will guide media practitioners involved in generating health messages to have a better idea and improve their content to be comprehensible for the masses.

Objectives

Comment [AA9]: Reference??
What is meant by popular studies?

Comment [R.10]: Changes done

Comment [FA11]: Confusing for which audience

Comment [n12]: Clarified.

Comment [AA13]: Please make objective measurable and achievable .so avoid using terms like to know, to study etc.

⁶ The aim of the study was to understand the Health Information Seeking behaviour of college students in Sultanate of Oman. The study also focused on youth's understanding of need for health information and how they identified and chose the sources for needful information. The study was also designed to understand if students are involved in active and passive information seeking and to analyze their past experiences of using media as source for health information. Popular studies in HISB have identified role of communication agents including opinion leaders and mass media including the technology driven social media are important agents of health information. The chosen populations of college students are transition agents of change and well adapted to newer technology and hence provide data for future ICT initiatives as well. Thus, the objectives of the study are;

1. To study the health information seeking behavior of college students in Oman.
2. To identify the factors affecting / situations initiating health information seeking habits of students.
3. To identify the various sources of health information for students.
4. To understand the role of mass media in imparting health information to college students in Oman.
5. To study the perceived quality of health information from mass media by college students in Oman.

Literature Review

The advent of internet has redressed the information needs of people and has been the one of the ruling media surrounding young population. It provides a platform for accessing messages in a private and convenient space. Many youth across developed countries find internet as the primary source of health information²⁵. People search health information from internet more than they trust it as a reliable source²⁶. Internet offers platform for exchanging interactive and tailored message to niche audiences spread across any part of the world instantly and simultaneous receives feedback.

A study on information seeking behaviour and health information conducted in Australia, reported that any effort by an individual to gain health information is a related to healthy behaviour. The study found that age and gender were significant in choosing source for health message. The study found that women¹⁷ were more likely than men to involve in health information seeking and this reflected in the attitude of¹⁰

Comment [AA14]: This paragraph can be part of rationale of the study. Objective of study should be stated in a specific statement rather than in details.

Comment [R.15]: Objectives are listed below

Comment [AA16]: Is this a measurable objective??

Comment [R.17]: used social science context

Comment [FA18]: Why students are being selected as reference group

Comment [n19]: Explained in the previous sentence

Comment [AA20]: Know is again not the measurable terminology. You can write "to identify the factors"

Comment [UM21]: Changes done.

Comment [FA22]: Very vast objective/not smart

Comment [n23]: The study is a combination of smart and vast objectives.

Comment [AA24]: How will you understand by obtaining quantitative data only...or did you obtain student's perceptions through open ended questionnaire??

Comment [R.25]: Objective No.5 address this

health²⁷. Many youngsters preferred internet as a source for its nature to provide information by maintaining confidentiality and privacy of information seekers²⁸.

Growing number of people are shifted to online media for health information regardless of the concern over the quality of source. Mobile applications have also simplified the way messages are shared, accessed and have evolved into a new media market. There is a proliferation of mobile based health applications over the past couple of years with as much as 165,000 mobile applications available in google and apple app stores by 2013 according to a report by IMS Institute of Health Informatics²⁹.

A gender based focus group study³⁰ conducted among adolescents reported that internet was the main source of health information. In a study on the HISB of physicians in Tanzania, Norbert and Lwoga (2012) observed that physicians needed specific medical information to enhance their knowledge and for the vary purpose they preferred formal sources like printed text books, electronic sources and printed journals. Though credibility factors might limit the quality of health information in the internet as compared to peer group and opinion leaders, the medium itself has been bestowed closely to young population. Appropriate behaviour for health information not only depends on the circumstances but also on the mass media and other formal and non-formal channels². By the beginning of 2001, over a million health portals are active online and is being used by more than 50 million people to access health information³¹ and this number has excessed over the last decade.

The dependency on internet and mobile applications for health information have received mixed reviews. A longitudinal study³² conducted in UK about women using internet as source of health information reported that most of them mixed the online information with the information received from informal groups including families. Most of women felt confident during their discussion with doctors after referring to internet for health information and they preferred physician over any sources as the primary agent for health information. Thus the role of internet and mobile applications are limited the scope of HISB.

Gender and HISB

Comment [FA26]: This is a challengeable statement

Comment [n27]: Though a loaded statement but with a reference.

¹ Women are the ones advocating for other members of the family, for parents, children, friends or going to the internet to help someone find information," Osborne said. "Women are very important conduits of health information and need to understand the information because they may be in the role of explaining it to someone else ¹⁷ ." According to a study by Ymakasaki-Nakagawa ³³, women are more likely than men to seek help from traditional healers. ¹ Patients today are expected to play an active role in their own medical care and treatment. Regardless of age, health status, language barriers and literacy levels, patients have responsibilities that extend beyond the visit to the doctor's office. Patients need to follow written instructions, understand the benefits and risks of procedures and medications, understand drug-drug interactions and formulate appropriate questions if the material isn't presented in a clear fashion. It's a tall order for most people. Unfortunately, many people run into difficulties ³⁴.

Demographics - Sultanate of Oman

This survey was conducted among students in the six College of Applied Sciences (CAS) located across different regions in Oman. The Sultanate of Oman is one of the developed countries in Middle East region with a population of more than 4,500,000. The total population comprises 55.20% of Omani citizens and 45.80% of expatriates ³⁵. Among the Omanis, youth contribute to 30% to the total population ³⁶. The Ministry of Health, which is the largest health service provider in the country, ² has operated a range of programmes aimed at extending its services to improve the general health of Oman's population ² throughout the Five-year Plans, which began in 1976.

³ Omani nationals have free access to the country's public health care though expatriates typically seek medical care in private sector clinics and hospitals. Generally, the standard of care in the public sector is high for a middle-income country. ³ The Omanis have a high life expectancy of 73.8 years in 2015 as compared to mere 49 years in 1970 ³⁷.

² In terms of healthcare, Oman is now one of the world's advanced nations. The current Five-year Development Plan follows a results-based strategy and highlights the priorities of the Sultanate's public health policy. Oman achieved 4th MDGs and managed to reduce child mortality and infant mortality by 94 per cent between 1978 and 2008 and immunization for children is as high as 99 per cent which is higher than MDGs indicators set by the UN ³⁸. Moreover, the last year of the 8th Fiver Year Health Development

Comment [n28]: Oman is one of the less popular countries in Middle East and hence demographic introduction of the country will provide more insight to the reader

Plan (2011-15), saw the consistent implementation of the modern planning format that helped provide both clear vision and appropriate orientation in determining and addressing priority problems and needs

Oman has high rate of e-literacy and internet in as much a popular medium as in any developed country. According to the Statistics Department ⁴⁰, there are more than 270,000 internet users, 3,860,000 mobile internet subscribers and the internet penetration rate is more than 72% among the citizens.

Methodology

The data was collected from college students at the six Colleges of Applied Sciences (CAS) in Oman. These colleges are located in prominent cities spread across Oman and are among important higher education institutions in the country. The survey questionnaire was developed by the researches with six sections of questions based on the relevance of the study. First section was designed for demographic profiling and second section to study personal health status of respondent so as to study the impact of personal health on health information seeking behaviour. Next three section had the Likert Scale questionnaire to study under what conditions the respondents seek health information, the sources used by students for health information and usage of mass media as information source with focus on internet and mobile applications. In the final sections, students were asked to rate credibility, timeliness and information quality of health information messages available in media based on their experience.

Survey questionnaire were distributed to 200 students pursuing under graduate program of CAS during May 2014 and July 2016 respectively. Sample for the study was chose using convenient sampling and two different groups of students comprising 100 each 2014 and 2016 were surveyed. All student chosen for the study were pursuing Bachelors program at the time of study and were in their third or final year of respective course. Oman is basically an Arabic speaking country with all students pursuing Arabic medium at school level. Hence, questionnaire was translated in Arabic and tested for translation proof by language professionals thus to ensure originality in translation.

Comment [FA29]: Which college was it why was it selected

Comment [AA30]: This is not a measurable objective

Comment [R.31]: Changes done

Comment [n32]: Specified. Also mentioned in demographic profile

Comment [AA33]: Did you use any previously published study's questionnaire or developed your own?
How did you validate that questionnaire?

Comment [R.34]: Clarified. We developed our own questionnaire and conducted pilot study both with English version and Arabic version.

Comment [FA35]: It is being assumed that all student need health information which is not true

Comment [n36]: Specified. Also mentioned in demographic profile

Comment [AA37]: Are the same group of students was studied on two different occasions or the study groups were different each time?

Comment [UM38]: No! Study group were different each time.
Since only graduating students were considered.

Comment [FA39]: How is this drawn?

Comment [AA40]: Convenient sampling is the sampling technique only. How did you calculate the sample size?

Comment [R.41]: Changes done. Two different groups of sample (clarified in next sentence)

Comment [n42]: Needful changes done

Comment [AA43]: Any inclusion/ exclusion criteria??

Comment [R.44]: Clarified. Only criteria was bachelors student.

Comment [FA45]: There is no mention of inclusion and exclusion criteria
This seem more of a convenient sample then simple random

Comment [n46]: Needful correction made

SPSS was used for data analysis and descriptive statistics to study the information seeking pattern and the influence of socio-demographic variables on health information seeking habits. Appropriate statistical test was applied for establishing the robustness of the study.

Comment [AA47]: Which version of SPSS was used?
Chi-square test can not be used for multi-variant analysis. Please specify the correct statistical test. What was the p value?

Comment [UM48]: IBM SPSS Statistics 21
Chi-Square test was done on individual attributes of data for 2014 and 2016 respectively at an accepted significance of 5%.

RESULTS

Demographic Profile

The demographic data of the respondent shows that majority of the respondents were females comprising 61% in 2014 and 72% in 2016 respectively while male respondents included 38% in 2014 and 27% in 2016.

The distribution data showed that most (89%) of respondents in 2014 were aged between 18 – 22 years and in 2016. Interestingly, 98% of survey respondents were between 21 – 24 years and 2% above 24 years. The data set shows that respondents were mostly from communication major (65% in 2014 and 63% in 2016) followed by Business major (25% in 2014 and 34% in 2016) and rest of the respondents were from Design major course. The average monthly income of the respondents was 100 OMR (Omani Riyal, local currency) which shows that majority of them are receive only Government funding for pursuing higher education and are not involved in any part-time jobs.

The respondents were asked to describe their personal health status. Among the survey respondents in 2014, 83% of them reported themselves in normal health, 12% described themselves to be healthy while only 5% rated themselves in weak health status. In 2016 data, more than 80% described themselves to be normal, 14% in healthy and only 6% as weak. This was to understand if students' health status

affected their health information seeking behaviour and according to the data, overall 95% of the respondents were healthy.

Factors affecting HISB

Comment [FA49]: Very subjective

Comment [n50]:

Comment [n51]: Self-description by the respondents.

Comment [FA52]: Vague

Comment [n53]: By reading the complete sentence it makes sense.

The first part of the study analysed the factors affecting health information seeking behaviour and analysed the intentions of search for information. Active and passive ⁴¹ information seeking behaviour were studied by asking in which of the situations they search for health information under a listed ¹⁷ situations from personal sickness to referring health topics in social media, providing a structured four point Likert scale.

Table - 1: Factors affecting / initiating Health Information Seeking Behaviour

Categories	2014		2016	
	Mostly / More Likely (%)	Less Likely / Never (%)	Mostly / More Likely (%)	Less Likely / Never (%)
Personal Sickness	89	11	88	12
Family Sickness	94	6	92	8
Friend/Peer Sickness	76	24	83	17
Talked about diseases	80.8	19.2	75.7	24.3
Teacher discussing diseases in class	72.9	27.1	72.8	27.2
Health info. In Class Notes	57.9	42.1	66	34
Improve personal health in gym	63	37	66	34
Climate change/Natural disaster	73	27	61.6	38.4
Health info. In TV	63.6	36.4	71.8	28.2
Health info. In Newspaper	70.4	29.6	69	31
Health info. In Magazine	59.6	40.4	63.2	36.8
Health info. In Radio	61.2	38.8	65	35
Health info. In Internet	65.7	34.3	68.3	31.7
Health info. In Fb etc.	53.5	46.5	61.8	38.2
Health info. In SMS	59.6	40.4	69.1	30.9
Health info. In WhatsApp etc.	60.6	39.4	70	30
Health info. In PSA	56.6	43.4	62	38

According to the data in 2014 (Table 1), more than 90% of the respondents are more likely to involve in active information seeking when they experience health problem at personal, family level and among family relations. About 76% of the students reported of searching health information when their friends or peer group members are sick while 89% of them reported that they are more likely to search for information after being involved in conversations where people talk about health problems. The data shows that students are likely to being affected by health information after referred about the same in class lectures. According to the data, 72% of them were interested in furthering information searching

Comment [FA54]: This seem information on curing the illness rather than health information

Comment [n55]: Information for curing the illness is also health information. Explained in the introduction

after being discussed in class by teacher and 58% research about health topics after referring to such in class notes.

According to the data in 2016 (Table 1), majority of the students (89%) are likely to involve in active information search about health when they or their family members experience health problems and 83% reported that they are likely or always seek information while their friends or peer group are sick. About 76% of respondents were most probably searching for health information based on peer group discussion and topics of health concerns. The data revealed that 72% of students seek health information when discussed by teacher in the class while 66% seek health info after referring the same in class notes.

Media and HISB

The respondents were asked about the role of media as an agent for initiating information seeking habits. According to the data from 2014, majority of the students more often involved in information searching activity after encountering health messages in media. The data revealed that 65% are likely to respond to print media messages, 62% to television or radio. Internet and online based media had similar impact in affecting information seeking habits. The study reported that 64% are more like to browse for health information in the internet, 54% after encountering in social media including YouTube or Facebook affected their HISB while 61% reported that health topics in mobile applications positively affected their information seeking behaviour. The study reported that 60% students' HISB was likely affected by health messages circulated through mobile based social media applications like WhatsApp and Snapchat.

According to the 2016 data, majority of students involve in passive or unintentional information seeking after referring to health topics in media. The data shows that more than 65% of students reported that they more often search for detailed information when they encounter health topics in media including print and 66% were likely to respond to health messages in TV and radio. More than 68% of them often browse online for details after referring health topics in the internet while 62% of them passively respond to social media messages and public service advertisements. The study reported that 70% students'

Comment [AA56]: Not represented in any table or figure format.

Comment [R.57]: Changes done

HISB was likely affected by health messages circulated through mobile based social media applications like WhatsApp and Snapchat.

In both 2014 and 2016, more than half of the students respond to media messages on health and search for further information. The impact of television is increased by 8% from 2014 to 2016 while radio has increased by 4% and print media remains the same over the two years of study respectively. The role of online media including social media and mobile applications on the HISB of students has increased from an average of 60% in 2014 to 69% in 2016 respectively.

Comment [FA58]: How many messages received by respondent in past. Is it same for all respondents?

Comment [n59]: Media messages were specially analysed. This has been addressed as one of the limitations of study.

Comment [FA60]: Different group? Comparable?

Comment [n61]: Between study groups of both year of study

Comment [AA62]: How did you measure the IMPACT of online media on HISB of students?

Comment [R.63]: Changes made

16

Sources of Health Information

Respondents were asked to rate their preferences in choosing various sources when they are in need for health information. According to the study in 2014, students most likely (89%) preferred internet as a source. They were likely as much as 80% probable of using doctors and other health professionals as

Table - 2: Respondents Choice of Source for Health information.

Categories	2014		2016	
	Mostly / More Likely (%)	Less Likely / Never (%)	Mostly / More Likely (%)	Less Likely / Never (%)
Doctors / Medics	75.7	24.3	83.9	17.1
Experts - non doctors	82.8	17.2	81.8	18.2
Family	85.8	14.2	88.9	11.1
Teachers	43	57	50.5	49.5
Friends/Peer	66.4	33.6	70.9	29.1
Govt./Public Health Officials	16.3	83.7	27.6	72.4
CAS Library	30.2	69.8	36.8	63.2
Public Library	27.5	72.5	35.4	64.6
From TV	43.3	56.7	37.4	63.6

From Radio	36	64	46.5	53.5
From Newspaper	45.2	54.8	48.5	51.5
From Magazine	45.2	54.8	51.5	48.5
From MOH/Hospital Websites	61.5	38.5	66.7	33.3
From Internet	83.3	16.7	88.9	11.1
From Advertisement	42.8	57.3	43.4	56.6

primary source of information. The students were 86% likely to use family members as also primary source of health information. Only 16% students choose public health professionals as sources while a mere 30% chose college and public library and less than 43% preferred teachers as source of health information. Among mass media, Internet was highly rated source followed by Oman Government health website (65%). Less than 45% students choose print media while 43% preferred television and only 36% used radio as sources of health information.

According to the 2016 data, majority of the students (89%) choose internet and family as the most popular sources. More than 80% students preferred doctors and other health professionals as primary sources of health information. More than 70% preferred friend also as a source while only 50% chose their teachers as agents of health information. Only 28% of respondents chose public health officials while less than 35% students chose college and public library as sources. Among mass media, majority preferred to use Internet as source for health information, only 48% listed print media as a likely source while only 37% preferred television.

Overall, internet was the most popular media source of health information among students while family, doctors and other professional were highly preferred sources. During both year of study, students rated teachers and college library a less likely source for health information.

11 Media as a Source of Health Information

The respondents were asked to rate how often media have been a source of health information from their past experiences.

Comment [AA64]: The same group which was studied in 2014 ??

Comment [R.65]: No. different group. Already clarified in methodology

Among the students surveyed in 2014, only about 33% had received health information from Oman TV or any other television channels. Radio was the least used medium (24%) for health information while only around 25% of respondents had used newspaper and magazines as source of health information. General Websites were the average popular as 46% had used them health information while only 36% had used Health Websites. More than 40% of students reported to have used social media and mobile applications for sharing health information. Based on the overall data in 2014, chat applications in mobile phones including WhatsApp was the most used source (51%) among students, however health applications in mobile were not as popular as only 37% reported to have used them as source for health information.

The respondents of the 2016 study reported to have limited ¹¹ use of media as source for health information. The data shows that only about 34% had experienced television as source for health information. More than 37% cited newspaper as a source while 28% students had received health information from magazines. While a minimum of 28% students used Radio as a source. General Websites were the most (48%) preferred among the study respondents while health websites were the least (19%) used source among students. Students were more inclined to online media, 44% of students had received health information from social media including FaceBook, Youtube, mobile phone applications including chat applications like WhatsApp and while 37% responders had used health application in phone for sourcing health information.

Table - 3: Media as source of health Information

Categories	2014		2016	
	Mostly / More Likely (%)	Less Likely / Never (%)	Mostly / More Likely (%)	Less Likely / Never (%)
Oman TV	32.3	67.7	33.3	67.7
Other TV	34.8	65.2	36.4	65.2
Radio	24.2	75.8	28.3	75.8
Newspaper	27.2	72.8	37.4	72.8
Magazine	28.5	71.5	28.1	71.5
General Websites	46.3	53.7	48	53.7
Health Websites	34.4	65.6	19.8	65.6
Email	28.3	71.7	43.2	71.7
FB/Youtube/G+ etc	41.8	58.2	44.9	58.2
Phone/SMS	40	60	43.5	60
Smart Phone Apps	42.2	57.8	43.5	57.8
Whatsapp/Chat Apps.	51.6	48.4	45.3	48.4
Health Apps	37.2	62.8	42.4	62.8

Comment [R.66]: Changes done

The data shows that, among Omani youth, print and broadcast media had a limited role to play in mediating health information. The popularity of radio for informative messages has been minimum during both 2014 and 2016. The data reveals that more than 50% of students have less likely to have used media for health information, but internet and mobile applications seems to be most popular source of information among students.

Gender and HISB

The study found that there is no statistically significant relationship between gender and health information seeking habits. According to the data in both years of study among, there is no statistically significant difference in how female and male members involve in active information seeking habits ($p>0.05$)

According to the data from Chi Square test, male and female respondents are likely to respond equally to media messages except in Radio. The analysis found that there is statistically significant relationship among gender and health messages in radio; male are more likely than female respondents to involve in passive information seeking 2014 $\{\chi^2=6.146, p=0.013\}$ and 2016 $\{\chi^2=4.604, p=0.032\}$ respectively. No statistical association were found between other demographic variables and health information seeing behaviour among students.

Overall, the study population had similar demographic characteristics and no significant differences in how they involve in HISB.

DISCUSSION OF RESULTS

Health information seeking behaviours is an existing pattern of behaviour among students in Oman. Majority of the students ⁵ were more likely to involve in seeking health information when they experience health problems at personal level, thus involving in active information search. They were also more likely to involve in passive information seeking as an after effect of referring to health topics in interpersonal

and group communication. Majority of students from both year of study reported that media messages on health were more likely to positively affect their HISB.

The study found that ⁵Internet was the most preferred source of health information among students. The growing importance of online media and its popularity among youth was identical in the study. Social media and mobile application were also identified ¹²as a preferred source of health information by the students. Majority of students also preferred health professionals as the preferred choice of source for health information and almost equal importance was given to family members of the respondents. College teachers and library was not preferred by significant number of students for seeking health information. Popular media forms, television, newspapers and magazine was used by only 40% of students while radio was the least preferred medium for health messages.

Though most of the students preferred to involve in HISB in future, assessing their past experiences, majority of students have not used any forms of media for active information seeking. Significant number of students (more than 65%) do not recall if they have used any forms of print and broadcast media for health information. More than 85% of students could not rate the perceived quality of health messages in media. They did not rate the credibility, timeliness of media messages on health. Around 50% of students preferred General Websites and chat apps to share and seek health information while fewer of them used health websites and health application in mobile to share health messages. Students could not rate the quality of media messages based on credibility, timeliness and informative.

There was more similarity in the demographic profile of the respondents and no significant differences in their information seeking habits. According to the survey among students of age group 18 -22, there was no statistical relationship between gender and information seeking habits. No demographic variable was found to have any statistical association with HISB of students.

Comparing the data collected in 2014 and 2016, there was no significant differences in HISB of students, as similar pattern was visible across both years of study. An increasing role of internet and decreasing role of newspapers and television was found among youth population. The role of college facilities including library and teachers were limited across both years of study. Interpersonal channels of health

information like doctors, other health professionals and family member were preferred over mass media for sourcing health information.

CONCLUSION

The survey study examined the Health information seeking behaviour of students in Oman and the role of media in imparting health information. Evidences found in this study shows that students were likely to involve in active and passive information seeking behaviour. Person and family health situations triggers active information and while referring health topics from informal sources affected their passive information search. As established in past research, most of the students prefer doctors and family as reliable source for health information. The popularity of online medium was substantial with the research findings as most students preferred internet as source for health information. Evidences from this study offers insight for health campaigners in Oman targeting youth population to use internet based sources for future initiatives. Further study should be conducted to understand how young population process health information and its impact on their health. An understating of online media habits also will help in developing effective health initiatives targeting youth in Oman.

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