International Journal of Community Medicine and Public Health
Tyagi A et al. Int J Community Med Public Health. 2026 Aug;13(8):4325-4331
https://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20262709

Original Research Article

Patterns of health information in later life: a study of health literacy among elderly persons

Anshul Tyagi[1], Alok Kumar[1], Akash Rathi[2]*

[1]Department of Sociology, Chaudhary Charan Singh University, Meerut, Uttar Pradesh, India
[2]Department of Liberal Arts and Humanities, Swami Vivekanand Subharti University, Meerut, Uttar Pradesh, India

Received: 30 April 2026
Revised: 13 July 2026
Accepted: 15 July 2026

***Correspondence:**
Dr. Akash Rathi,
E-mail: rathisocio@gmail.com

ABSTRACT

Background: Health literacy refers to an individual's capacity to obtain, read, understand, and apply health-related information for making appropriate health decisions. The present study examined health literacy among the elderly persons by focusing on their patterns of accessing and using formal and informal sources of health information within the context of their socio-economic profile.
Methods: This study was conduct in suburb of Meerut city, Uttar Pradesh, using purposive sampling. A total of 200 elderly respondents aged 60 years and above were interviewed using a pre-designed, structured schedule. Data were analysed through basic statistical technique including coding, grouping, classification, and tabulation.
Results: Findings indicate that the majority of respondents belong to the 60-65 age group, were from upper-caste, Hindu religion, moderately educated, and self-employed with a monthly income of ₹20,000-30,000. Most of the participants reported reading newspapers and watching television weekly, while reading health magazines less frequently. They regularly consulted family members for health-related matters but showed limited engagement with traditional formal health channels such as local health centres, district health centres, community medical camps, and hospitals. Instead, respondents demonstrated a strong preference for modern informal sources of health information, especially social media platforms such as Facebook, YouTube, and WhatsApp groups.
Conclusions: This growing reliance on informal and often unregulated sources increases the likelihood of misinterpretation of health information, potentially aggravating health vulnerabilities. Consequently, low health literacy among the elderly may contribute to poorer health outcomes and increased burden on healthcare institutions, families, and society at large.

Keywords: Elderly, Formal and informal sources, Health, Health literacy, Socio-economic profile, Sources of health information

INTRODUCTION

Ageing is a natural and inevitable process that brings various biological, social, and psychological changes in an individual's life. With increasing life expectancy, the proportion of elderly population is rising rapidly across the world, including in India. This demographic transition has significant implications for health, social support systems, and overall quality of life. Literacy plays an important role in shaping the well-being of older adults, as it influences their ability to access information, communicate effectively, and make informed decisions related to health and daily living.[1]

Health literacy is an essential component of overall well-being and refers to an individual's ability to access, understand, and use health-related information to make appropriate health decisions. It enables individuals to

maintain good health, prevent diseases, and manage existing health conditions effectively. In the present context, health literacy has become increasingly important due to the growing complexity of healthcare systems and the expanding volume of health-related information available through various sources.[2]

The concept of elderly generally refers to individuals aged 60 years and above. According to the United Nations and the National Policy on Older Persons in India, individuals aged 60 years and above are classified as elderly. Census data indicate a steady rise in the elderly population in India, from 104 million in 2011 to a projected 300 million by 2051.[3] This demographic shift highlights the need to understand the health-related challenges faced by older adults, particularly in relation to access to information and healthcare services.

Literacy, in its broader sense, includes the ability to read, write, comprehend, and effectively use information in everyday life. In the context of health, literacy extends beyond basic reading skills to include understanding medical instructions, interpreting health messages, and making informed choices. According to the World Health Organization, health is not merely the absence of disease but a state of complete physical, mental, and social well-being.[4] As per UNDP, Health is one of the key elements in human as well as in social development.[5] Health literacy, therefore, plays a crucial role in enabling individuals to maintain this state of well-being.

Health literacy also involves the capacity to navigate healthcare systems, communicate with health professionals, and understand medical advice. As noted by Babu individuals with limited health literacy often face difficulties in accessing healthcare services, understanding treatment instructions, and managing chronic conditions. This challenge is particularly significant among older adults, who may experience physical, cognitive, or technological barriers.[6]

Health information can be accessed through both formal and informal sources. Formal sources include trained healthcare professionals, hospitals, health institutions, and government health programs, while informal sources consist of family members, friends, community networks, traditional healers, and digital platforms such as social media. While formal sources generally provide accurate and reliable information, informal sources often play a dominant role in shaping health-related beliefs and practices, especially among the elderly.[2]

In summary, health literacy is a crucial determinant of healthy ageing. It influences how older adults understand health information, access healthcare services, and make decisions that affect their quality of life. Strengthening health literacy among the elderly is therefore essential for improving health outcomes, promoting independence, and supporting healthy ageing in an increasingly complex health environment.

An overview of selected studies

Several researchers have studied different aspects of health literacy among the elderly, focusing on socio-economic background, health behaviour, and access to health information. These studies have contributed significantly to understanding how health literacy influences the health and well-being of older adults in different social and cultural settings.

Social media use patterns and health-related behaviours have been found to be closely associated with e-health literacy among older adults, suggesting that individuals with higher e-health literacy are better able to access, evaluate, and utilize online health information effectively.[7] Digital health literacy and tele-health readiness remain important concerns among older adults, particularly those residing in rural areas, indicating the need to strengthen digital competencies and improve access to technology-based healthcare services.[8] Different sources of health information play a significant role in shaping health awareness and health-related practices among older adults. Access to reliable and credible information has been associated with better health literacy and more informed health-related decision-making across different age groups.[9,10] Furthermore, the source from which people obtain health information has a considerable influence on their perception of medical knowledge and their ability to make informed health decisions, emphasizing the importance of reliable and trustworthy health information.[11]

Socioeconomic factors such as education, income, age, and gender have been shown to significantly influence health literacy, affecting an individual's ability to access, understand, and use health information for making informed health decisions.[12] Health literacy has been found to be closely associated with socioeconomic position, health behaviour, and overall health outcomes. Individuals with higher health literacy are more likely to adopt healthy behaviours and experience better health outcomes.[13] Similarly, social determinants such as education, income, and social support have a significant impact on health literacy among older adults, influencing their ability to understand health information and maintain their overall health and well-being.[14] Lower educational attainment has been consistently associated with poor health literacy among older adults, indicating the need for targeted health education and communication strategies for vulnerable populations.[15]

Health-seeking behaviour among older adults is influenced by the availability of health information, accessibility of healthcare services, and individual awareness, all of which contribute to the timely utilization of healthcare services.[16] Health literacy also affects the use of and trust in different health information sources. Individuals with better health literacy are more likely to identify credible sources of information and make informed healthcare decisions.[17] Older adults living in

rural areas often rely on a combination of formal and informal sources of health information, highlighting the importance of strengthening accessible and community-based information networks.[18] Limited functional health literacy has been associated with difficulties in accessing, understanding, and using reliable health information among community-dwelling older adults.[19] Low health literacy has been consistently linked with poorer health outcomes because it reduces an individual's ability to interpret, evaluate, and effectively use health information for disease prevention and health management.[20]

Although the existing literature provides valuable insights into health literacy, digital health literacy, health-seeking behaviour, and the influence of health information sources among older adults, most studies have focused on these factors independently. Limited research has examined the combined role of formal and informal sources of health information in influencing health literacy among the elderly, particularly in the Indian context at the local or community level. Therefore, the present study aimed to examine the use of formal and informal sources of health information among elderly persons and to assess how these sources are associated with their level of health literacy in the study area.

Objectives of the study

In the light of the above discussion, the present study has been undertaken with the following objectives:

To examine the socio-economic profile of the elderly, with reference to age, religion, caste, educational status, occupation, and income. To assess the sources of health information used by the elderly, including both formal and informal channels such as newspapers, magazines, television, family members, healthcare professionals, and digital media, in order to understand their level of health literacy.

METHODS

The present study was conducted in Modipuram, a locality situated in the Meerut district of Uttar Pradesh. Modipuram falls under the Kanker Khera region and is strategically located along the NH-58 corridor and the Delhi-Meerut rapid rail transit system (RRTS), which has contributed to its urban development and connectivity. According to the census of India, the total population of the area is approximately 28,264, comprising 14,976 males and 13,288 females. Among them, the elderly population consists of 1,153 males (53%) and 1,023 females (47%).[21] The literacy rate among the elderly shows notable variation, with 59 percent of elderly males and 28 percent of elderly females being literate, amounting to a total of 966 literate elderly individuals.[21]

The study specifically focuses on Pallavpuram Phase I and Phase II, located in ward number 27 of Modipuram. This area is characterized by a mixed socio-economic environment and hosts several educational institutions, including CBSE and ICSE schools, coaching centres for competitive examinations, and other academic establishments. The presence of such institutions reflects the semi-urban and educationally active nature of the locality.

For the purpose of the present study, a total of 200 elderly respondents aged 60 years and above were selected using purposive sampling. Primary data were collected through a pre-designed and structured interview schedule. Prior to data collection, each respondent was informed about the objectives of the study, and verbal consent was obtained to ensure ethical compliance. The collected data were analysed using simple statistical techniques such as coding, classification, grouping, and tabulation to facilitate systematic interpretation of the findings.

RESULTS

In the present study, a total of 200 elderly respondents from Meerut city were included. The study examined the socio-economic profile of the respondents, their level of health literacy, and the sources of health information used by them. The findings of the study are presented and discussed in the following section.

Socio-economic profile

The socio-economic profile of the respondents is important as it influences their daily life and overall living conditions. In the present study, socio-economic variables such as age, religion, caste, education, occupation, income, and family size have been considered. These variables help in understanding how socio-economic background is related to health literacy and how it affects health outcomes among the elderly.

The results presented in Table 1 reveal that the majority of the respondents (54%) belong to the age group of 60-65 years, followed by 24 percent in the 66-70 years category, 12 percent in the 71-75 years group, and only 10 percent in the age group of 76 years and above. With regard to religion, an overwhelming majority of the respondents (97%) were Hindus, while only 3 percent belong to the Muslim community. In terms of caste composition, nearly half of the respondents (48%) belong to the upper caste, followed by 44 percent from the middle caste, whereas only 8 percent belong to the lower caste category. Regarding educational status, about one-third (30%) of the respondents are educated up to the primary level, while 47 percent possess moderate levels of education and 23 percent were highly educated.

Table 1: Socio-economic profile of the respondents.

Variables	Respondents (n=200)	%
Age group (in years)		
60-65	108	54.0
66-70	48	24.0
71-75	24	12.0
76-80	20	10.0
Religion		
Hindu	194	97.0
Muslim	06	03.0
Caste		
Upper	96	48.0
Middle	88	44.0
Lower	16	08.0
Education		
Uneducated	60	30.0
Moderately (secondary and primary)	94	47.0
Highly educated	46	23.0
Occupation		
Self-employed	110	55.0
Unemployed	90	45.0
Income (monthly)		
Below 10,000	46	23.0
10,000- 20,000	30	15.0
20,000-30,000	66	33.0
30,000-40,000	32	16.0
Up to 40,000	26	13.0
Type of family		
Joint	116	58.0
Nuclear	84	42.0

Occupationally, the majority of respondents (55%) were self-employed, whereas 45 percent are unemployed. With respect to monthly income, 23 percent of the respondents fall below the ₹10,000 income category, while one-third (33%) earn between ₹20,000 and ₹30,000 per month, and a smaller proportion (13%) belong to the higher income group of ₹40,000-50,000. Furthermore, the family structure reveals that a majority (58%) of the respondents reside in joint families, while 42 percent live in nuclear families.

Thus, the findings indicate that the majority of the respondents belong to the age group of 60-65 years and are predominantly from the upper caste Hindu community. Most of them possessed primary-level education and are engaged in self-employment, reflecting a pattern of continued economic participation in later life. A considerable proportion of the respondents fall within the monthly income range of ₹20,000-30,000, suggesting a moderate level of economic stability. Furthermore, the majority reside in joint family households, highlighting the continued significance of traditional family structures in providing social and economic support to the elderly. Collectively, these characteristics illustrate a socio-economically moderate group whose living conditions, social positioning, and access to resources shape their everyday experiences and wellbeing.

Sources of health information

Sources of health information play an important role in shaping health awareness and supporting informed health decisions. Access to reliable information helps individuals understand health problems, follow treatment instructions, and maintain overall well-being. In the present study, this objective focused on examining the different sources of health information used by elderly persons. These include print media such as newspapers and magazines, electronic media such as television, interpersonal sources such as doctors and family members, and preferred channels of information in terms of traditional and modern sources. Understanding these patterns provides insight into how elderly individuals access health information and how it influences their health-related decisions.

Table 2: Sources of health information used by elderly respondents.

Variables	No. of respondents (n=200)	Percent
Reading Newspaper		
Daily	42	21.0
Weekly (1-2 days)	68	34.0
Occasionally (1-2 times a month)	34	17.0
Rarely	56	28.0
Watching television (health-related content)		
Daily	8	04.0
Weekly (1-2 days)	92	46.0
Occasionally (1-2 times a month)	60	30.0
Rarely	40	20.0
Reading health magazine		
Weekly	18	09.0
Monthly	58	29.0
Rarely	124	62.0
Consultation sources for health-related issues		
Family members	66	33.0
Medical doctors	62	31.0
Neighbours/friends	52	26.0
Pharmacists	20	10.0
Preferred health information channel		
Formal health channels (LHCs, hospitals)	14	07.0
Informal/digital health channels (social media: Facebook, YouTube, WhatsApp)	186	193.0

The Table 2 presents the pattern of health information sources used by elderly respondents for obtaining health-related knowledge. With regard to newspaper reading, it is observed that 34 percent of the respondents read newspapers on a weekly basis (1-2 days), followed by 28 percent who reported reading them rarely. About 21 percent of the respondents accessed newspapers daily, while 17 percent read them occasionally, that is, once or twice in a month. In terms of exposure to health-related information through television, a substantial proportion of respondents (46%) reported watching television once or twice a week, followed by 30 percent who watched it sometimes. Only a small proportion (4%) reported daily exposure to television for health information, whereas 20 percent viewed it rarely.

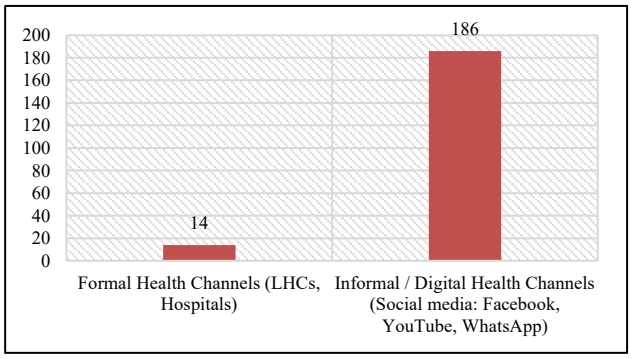

Figure 1: Sources of health information used by elderly respondents.

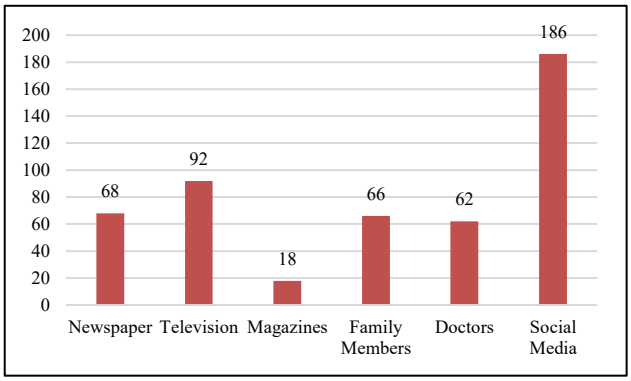

Figure 2: Preferred health information channels among elderly respondents.

With respect to reading health magazines, the findings indicate limited engagement, as a majority of the respondents (62%) reported reading magazines rarely. Nearly one-third (29%) read health magazines on a monthly basis, while only 9 percent accessed them weekly. Regarding consultation sources for health-related issues, family members emerged as the most commonly relied upon source, with 33 percent of respondents seeking advice from them. This was closely followed by medical doctors (31%), neighbours or friends (26%), and pharmacists (10%).

In terms of preferred health information channels, an overwhelming majority of the respondents (93%)

reported reliance on informal and digital channels, particularly social media platforms such as Facebook, YouTube, and WhatsApp. In contrast, only 07 percent of the respondents preferred formal health channels such as local health centres and hospitals for obtaining health-related information.

DISCUSSION

The findings of the present study provide important insights into the socio-economic background and health information-seeking behaviour of the elderly population. The analysis reveals that the majority of respondents belong to the younger segment of old age (60-65 years), suggesting that comparatively active and socially engaged elderly individuals are more likely to participate in studies and remain involved in daily information-seeking practices. The dominance of upper-caste and moderately educated respondents reflects the broader social structure of the study area, where access to education and resources remains unevenly distributed. This social positioning significantly influences awareness levels, access to information, and decision-making capacity related to health.

The educational and occupational profile indicates that a large proportion of the elderly continue to remain economically active through self-employment, highlighting both financial necessity and sustained functional ability. The presence of moderate-income levels among most respondents suggests relative economic stability. The predominance of joint family systems further reflects the persistence of traditional social arrangements, which play a crucial role in providing emotional, financial, and caregiving support to the elderly population.

Despite the availability of formal health institutions, a very small proportion of respondents reported using local health centres and hospitals as their primary sources of health information. Instead, a majority relied on informal channels such as family members, neighbours, and digital media platforms. This preference may be attributed to factors such as familiarity, trust, convenience, and perceived accessibility. The dominance of social media and interpersonal sources also reflects the growing penetration of digital technology into everyday life, even among older age groups. However, reliance on informal and unregulated sources may limit accurate understanding of health information, especially among elderly persons with moderate or low educational backgrounds. From a sociological perspective, these patterns underline the role of social networks, family structures, and digital exposure in shaping health literacy practices among the elderly.

Bearing of the empirical research

The findings of the present study show both similarities and variations when compared with earlier empirical research on health information sources and health literacy among older adults.

The present findings also support earlier evidence that social media, healthcare professionals, family members, neighbours, newspapers, television, and the internet all contribute to shaping health literacy among older adults.[7,10] The study further observed that doctors remain an important formal source of health information for elderly persons, although their utilization was comparatively lower than that of informal sources. This finding differs to some extent from earlier research, which identified physicians as the primary and most trusted source of health information among older adults.[9]

The study indicates that elderly persons continue to rely more on informal and interpersonal sources of health information than on formal sources. This observation is consistent with previous research, which has reported that older adults often depend on family members, friends, neighbours, and other social networks for health-related information rather than structured healthcare systems.[19]

Family members and doctors emerged as important sources of health information in the present study, although informal and digital platforms were used more frequently for obtaining health-related information. Previous studies have similarly reported that older adults commonly seek advice from family members before approaching healthcare professionals, particularly when health literacy is limited.[20]

The overall findings of the present study reinforce the evidence that informal sources continue to play a dominant role in influencing health information-seeking behaviour among elderly persons. While these sources provide emotional support, easy accessibility, and cultural familiarity, they may not always provide accurate or evidence-based health information. The findings therefore suggest that strengthening health literacy among older adults requires improving access to reliable, accessible, and context-appropriate health information through both formal healthcare systems and trusted community-based information networks.

CONCLUSION

The study concluded that the health information behaviour of elderly persons is influenced by a combination of socio-economic factors, educational background, and the availability of both formal and informal sources of health information. The findings indicate that elderly persons rely more on informal sources, particularly family members and social networks, while doctors remain the most important formal source of health information. The increasing use of digital platforms also reflects the changing health information environment among older adults, although variations in health literacy and access to reliable information continue to exist. These findings highlight

the need to strengthen health literacy by improving access to accurate, reliable, and easily understandable health information through both formal healthcare systems and community-based information networks. Enhancing institutional outreach and promoting the effective use of trusted digital health resources can support informed health decision-making and contribute to the overall well-being of the elderly population.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Sharma U. A study of well-being of elderly persons in relation to literacy. Int J Indian Psychol. 2024;12(3).
2. Findley A. Low health literacy and older adults: Meanings, problems, and recommendations for social work. Soc Work Health Care. 2015;54(1):65-81.
3. Sathyamurthi K. Elderly in India: problems and prospects. Chennai: Madras School of Social Work; 2018.
4. World Health Organization. (1948) Preamble to the Constitution of the World Health Organization. 1948. Available from: https://www.who.int/about/governance/constitution. Accessed on 7 March 2026.
5. United Nations. Transforming our world: The 2030 Agenda for sustainable development. New York: United Nations; 2015.
6. Babu FP. Health literacy in India: A brief review. J Emerg Technol Innov Res. 2022;9(3).
7. Zhang C, Mohamad E, Azlan AA, Wu A, Ma Y, Qi Y. Social media and eHealth literacy among older adults: systematic literature review. J Med Internet Res. 2025 Mar 26;27:e66058.
8. Rasekaba TM, Pereira P, Rani GV, Johnson R, McKechnie R, Blackberry I. Exploring telehealth readiness in a resource-limited setting: Digital and health literacy among older people in rural India (DAHLIA). Geriatrics. 2022;7(2):28.
9. Buawangpong N, Sirikul W, Anukhro C, Seesen M. Health information sources influencing health literacy in different social contexts across age groups in Northern Thailand. Int J Environ Res Public Health. 2022;19(10):6051.
10. Li C, Liu M, Zhou J, Zhang M, Liu H, Wu Y, et al. Do health information sources influence health literacy among older adults? A cross-sectional study in the urban area of Western China. Int J Environ Res Public Health. 2022;19(20):13106.
11. Alduraywish AS, Altamimi AL, Alduraywish AR, Alzamil RL, Alzeghayer YL, Alsaleh SF, et al. Sources of health information and their impact on medical knowledge perception among the Saudi Arabian population: a cross-sectional study. J Med Internet Res. 2020;22(3):e14414.
12. Basargekar P. Do socio-economic and demographic factors affect health literacy? Assessment of health literacy levels across socio-economic classes in India. Asia Pac J Health Manag. 2023;18(1).
13. Svendsen TM, Bak CK, Sørensen K, Pelikan JM, Riddersholm SJ, Skals RK, et al. Associations of health literacy with socio-economic position, health risk behaviour, and health status: a large national population-based survey among Danish adults. BMC Public Health. 2020;20:565.
14. Almeida, VC, Veiga A. (2020) Social Determinants and Health literacy of the Elderly Walk to well-being. Open Access Libr J. 2020;7:e6390.
15. Carolyn CC. Health literacy, health disparities, and sources of health information in US older adults. Orthop Nurs. 2018;37(1):54-65.
16. Teo K, Churchill R, Riadi I, Kervin L, Wister AV, Cosco TD. Help-seeking behaviors among older adults: a scoping review. J Appl Gerontol. 2022;41(5):1500-10.
17. Chen X, Hay JL, Waters EA, Kiviniemi MT, Biddle C, Schofield E, et al. Health literacy and use and trust in health information. J Health Commun. 2018;23(8):724-34.
18. Bhadrashetty A, Maheshwarappa BS. Health information needs, sources, availability and use by elderly people in South India: A case study of Kalagi Gram Panchayat, Gulbarga District. Res J Libr Sci. 2014;6(2):7-11.
19. Yoshida Y, Iwasa H, Kumagai S, Suzuki T, Yoshida H. Limited functional health literacy and health information sources influence health literacy among older adults: a cross-sectional study. Int J Environ Res Public Health. 2014;11(12):12485-99.
20. Berkman ND, Sheridan SL, Donahue KE, Halpern DJ, Crotty K. Low health literacy and health outcomes: an updated systematic review. Ann Intern Med. 2011;155(2):97-107.
21. Government of Uttar Pradesh. Demography: Meerut district. Census of India; 2011. Available from: http://meerut.nic.in. Accessed on 1 February 2026.

Cite this article as: Tyagi A, Kumar A, Rathi A. Patterns of health information in later life: a study of health literacy among elderly persons. Int J Community Med Public Health 2026;13:4325-31.