INFORMATION SEEKING BEHAVIOUR OF RURAL DWELLERS ON HEALTHCARE: THE CASE OF ETHIOPE EAST LOCAL GOVERNMENT AREA, DELTA STATE, NIGERIA

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Abstract

This study investigated the information seeking behaviour of rural dwellers on health care in Ethiope East local Government area of Delta State. The study discussed various health challenges of the rural dwellers, information seeking behavior of rural dwellers on healthcare and barriers to achieving healthcare information services delivery. The design adopted for the study was descriptive. The population for this study consisted of 200, 792. 0.1% of the population which is 200 was used as sample for the study and 150 questionnaires were retrieved from the rural dwellers. The questionnaire used to elicit information from the respondents consisted of two sections, which are biodata and information seeking behaviour. Data generated were analysed using frequency counts and simple percentages. Results revealed that the rural dwellers relied on traditional ways of seeking information needs while most of them were faced with the common health challenges. Other behavioural influencing factors were cultural belief, individual characteristics and health personnel factors which stand as barriers to information seeking behaviour on health care. The study recommends that encouraging proper means of information dissemination on health issues remains a sure remedy. Such means could include but not limited to peer educators technological training of communities, health promotion and disease prevention programmes, public awareness campaign by health personnel and other means such as the public libraries.

Keywords: Information, Information seeking behaviour, rural dwellers, healthcare, Ethiope East local government

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Introduction

Rural communities are areas with a low ratio of dwellers to open land and are usually termed underdeveloped and uncivilized. The rural communities in Nigeria constitute the highest population. According to Omole and Adebayo (2019), it was reported that about 70% of Nigeria's population lives in rural areas and over75% of them are illiterate. Omole and Adebayo further stated that the rural dwellers are diverse in occupational participation such as; non-literate famers/craftsmen and women; semi-literate artisan and traders; civil servants (teachers, health workers) and other professionals; chairmen and councilors. Others are semi-literate or non-literate people; village heads and their chiefs; retired elites; ex-civil servants; ex-service men and women; and professionals in all walks of life. The students in various primary, secondary and tertiary schools are not left out (Omole & Adebayo, 2019). The occupational multi-diversity of rural

dwellers has also necessitated the diversity of information seeking needs of the rural dwellers in both method and dimensions. In other words, information seeking behavior on health care by the rural dwellers will also be diverse in means and application.

Information accessibility on healthcare is a very important means to livelihood as it ensures the well being of every individual in the urban and rural areas, helps to increase the wellness of individuals and also reduces occurrence of death uncertainty. According to Omotoso (2010), for a community to be productive it has to be healthy. In addition, The World Health Organization (WHO) also acknowledges the fact that health is a major factor that will help to bring development and at the same time reduce poverty. (WHO as cited by Asibey & Agyemang 2017). Therefore the issue of health is very important as it relates to the public and the entire country (Asibey & Agyemang 2017). An unhealthy state of a community has a great impact on the economic growth of a nation. Therefore a community cannot develop without information properly disseminated and properly put to use. Information is the knowledge that is communicated for useful purposes (Okwilagwe, 2007). Popoola (2013) has defined Information as data, ideas, news, knowledge, and facts that are communicated through a medium (oral, written, electronic, and so on) from one person, group, or organization (the source) to another person, group, or organization (the receiver). In other words, information can be regarded as an entirety of asset which may be in the form of transferred message from the source to the receiver through a medium. On the other hand, information seeking behavior are those activities an individual engages in when the need arises for information, ways they seek for information and the use of such information. Ezeh and Ezeh (2017), puts it in a simplified form that information seeking behavior is the individual search and usage of information, of which healthcare is one of the issues that needs information dissemination (Ezeh & Ezeh, 2017). In another way, information seeking behavior is referred to as the behaviour of human's when it comes to the sources and channels in which information is received. World Health Organisation (WHO) cited in Omole and Adebayo (2019) defines health as "a state of complete physical mental and social wellbeing, and not merely the absence of disease or infirmity. Information seeking behaviour on healthcare is therefore the summation of individual characteristics, the environmental nature of individual inhabitants, and the interaction between individual and environment. It is the issues of whether, when, and from where individuals seek information for a particular need eg health care for an illness (Ezeh & Ezeh, 2017). Similarly, Omole and Adebayo (2019) stated that health information seeking behavior involves the motivation, critical thinking, learning styles, intellectual and emotional factors that are at work when people are anxiously searching and requesting for health information with the ultimate goal of improving their wellbeing. How individuals in the rural area go about seeking for the information on healthcare is of paramount importance. In Nigeria, precisely in the urban areas, there is knowledge and access to health promotion and programmes on disease prevention than in the rural areas. Therefore, limited knowledge on health issues as a result of inadequate information dissemination in rural communities lead to the predominance of health challenges. (Onyeonoro, Ogah, Ukegbu, Chukwuonye, Madukwe, & Moses, 2016). Around the world, the health status of people in rural areas is generally worse than in urban areas. The low health status and variable patterns of illness and deaths in the rural areas may not in its entirety be related to poverty but lack of or limited support groups and other mental health services (Strasser, 2003; Omotoso, 2010). In other words, ways of seeking for information or measures of providing information has been poor

or inadequate. There have been cases of rural dwellers seeking for information on healthcare from unprofessional source as a result of lack of proper development by government on health thereby leading to complications or death. History also had it that rural areas in Africa are faced with challenges in terms of development as a result of poor policy implementation gap created by their leaders. This has led to lack of basic needs such as food, water, education, sanitation, health care, information and security, which has led to low life and high adult/infant mortality (Kamba, 2009). Considering the multi-diverse occupational involvement of the rural dwellers, it is therefore important to assess the information seeking behavior of rural dwellers in accessing information on health, health challenges and barriers to health care/information in the rural areas of Ethiope East Local Government Area of Delta State, Nigeria.

Case Study

The rural area which is known as an area that is underdeveloped and is not civilized is characterized by its simple culture that is transmitted from one generation to the other, sparsely populated, homogeneity (their major source of earning is agriculture, they have a common way of dressing, common language and customs), little or no amenities and low rate of unemployment as everyone is self-employed (in agriculture, fishing, trading etc). These characteristics categorised Ethiope East local Government area to be a rural area for this study. Ethiope East is a local government in Delta State, Nigeria, with three districts namely, Isiok olo/Agbon and Abraka where Isiokolo serves as the local head quarter. In order to actualize the aim of this study, the researcher decided to administer structured open- ended questionnaire made up of one hundred and fifty (150) items to the rural dwellers in a selective way of visiting their market in the two kingdoms.

Research Questions

The following research questions guided this study:

- 1. What are the various health challenges of the rural dwellers
- 2. What are the information seeking behavior of the rural dwellers on health care
- 3. What are the barriers to achieving healthcare information services delivery

Objectives of the study

The following are the specific objectives of this study

- 1. Health challenges of the rural dwellers the rural dwellers that require information
- 2. The information seeking behaviour of the rural dwellers on healthcare
- 3. Barriers to achieving healthcare information services delivery

Review of Related Literature

Information needs of every individual brings about the desire to seek and search for information that will address the needs. Hence, it is assumed that critical needs arouse a search for a particular type or format of information. The patterns in which individuals go in search for the information that will address their challenges vary, making it a seeking behaviour. In other words, information seeking behavior has to do with how people seek for information in relation to sources and channels of the information and utilizes the information satisfy needs. Tubachi (2018) describes information seeking behavior as a process whereby people search for information and utilize the

same to complete their assigned task. Furthermore, information seeking behavior involves a set of actions (eg to be in need of, to seek for and to evaluate), to select/filter and finally to make use of the information. All of these processes or actions of being in need and seeking for information are accomplished when the information finally get to the user through a channel or channels. Majority of the rural dwellers have their ways and channels of seeking for information that will meet their information needs most especially in the area of healthcare. Generally, the channels of information available to the rural dwellers are both formal and informal. The formal channels are radio, television, local government information offices, primary health care workers and public library. The informal channels on the other hand constituted via the village heads, school headmaster, the imams (religious leaders) and other elite groups in the community, friends and relatives, market women association, as well as NGOs and several others (Saleh, 2011). Ezeh and Ezeh (2017) identified rural health workers, radio and women groups as the top three ranking sources of seeking for information on health by the rural dwellers in Kaduna with some other sources with low utilization score while the internet has zero patronage. These identified sources or means of making information available to users have to make provision on health information accessibility that will meet the need of the rural dwellers.

Saleh (2011) identified some of the needed healthcare information necessary for the rural dwellers to be pre-natal and post-natal care, immunizations, prevention and management of vascular vaginal fistula (VVF), safe delivery of pregnancies, prevention and control epidemics like cholera and meningitis, hygienic practices, family planning and nutrition. Other information needs on health care are on injuries, first aid, the outbreak of COVID -19 also known as corona virus and so many other health related issues. The study of Omotoso (2010) revealed the type of illness that is common with the rural dwellers. It was found that most of the respondents agreed to the following illness: yellow fever 68(5.4%); malaria 599(47.3%), typhoid 242(19.3%), diarrhea 93(7.4%), guinea worm 89(7.1%), cough 106(8.4%), stomach pain/ache 3(0.8%), headache 144(3.5%) road accidents/ wounds 13(1.0%). From the above, it can be adjudged that, majority of the rural dwellers suffered from yellow fever; malaria fever, typhoid, diarrhea, guinea worm, cough, stomach ache, headache, and road accident and/or wound infections (Omotoso, 2010). Similarly, the study of Kumar, Kapinakadu and Anil (2019) also reveals that amongst rural dwellers in South Indian, the information seeking on health needs were higher on fever (87.87%), chronic cough (22.17%), gastro-intestinal problems (21.82%), skin infection problems (20.90%), hypertension (20.43%), arthritis (16.51%) and diabetes (11.31%). Other illness such as Cataract, deafness, ischemic heart diseases, tuberculosis and alcohol liver diseases were some other common disorders for which the rural dwellers seek consultation from heath care providers (Kumar, Kapinakadu & Anil, (2019). These identified illnesses are common with the rural dwellers which could suggestively be managed or cured if information is properly disseminated and accessed to meet the aim of the rural dwellers health care information needs. Although there are diverse challenges on means of achieving health care information needs in the rural communities, proper accessibility and dissemination of information suggests a strategy for control.

Some of the indicators of relative concern on health care are associated with the community health-system standard, family members belief, accessibility and cost of healthcare services, availability of health resources and services, attitude of health personnel, convenience, mode of payment,

satisfaction derived from healthcare services, community perception on diseases, and health belief model (Onyconoro, Ogah, Ukegbu, Chukwuonye, Madukwe, & Moses, 2016). In like manner, Omole (2019) described a major factor that influence the information seeking behaviour of the rural dwellers on healthcare issues as culture (which is their belief, art, morals, law, custom). Other specific factors resulting from the culture of the rural dwellers are religious belief (traditional, Christianity and Muslims believe that people do not just suffer illness by chance but serious illness have its primary origin in a supernatural cause, traditional African medicine/herbalist (orthodox medical facilities provided by the native doctors, denial for reality (i.e how rural dwellers go against medical advice when they seek for information during serious illnesses like cancer, tetanus, and babies with congenital abnormalities, and they may seek alternative solution, with the view that the alternative can restore life, resistance to change (where they believe in the adoption and use of obsolete norms on the issue of health) and ethnic diversity (where language barrier act as impediment, during the health information seeking, activities of the people) (Omole, 2019). Ezeh and Ezeh (2017) also stated that so many rural dwellers have limited access to healthcare information or services and most of the rural dwellers do not have ready access to modern health facilities. Some other factors addressed as barriers to information needs on health care in the study of Kumar, Kapinakadu and Anil (2019) are cost of treatment, convenience of approach, quality of services, personal attention, waiting time, life threatening emergencies and consultation fees.

Methodology

The researcher adopted the descriptive survey design to elicit information on Information seeking behavior of Rural Dwellers on Healthcare, the case of Ethiope East Local Government Area of Delta State, Nigeria. The study adopted the descriptive survey design. The population for the study consisted of 200, 792. 0.1% of the population which is 200 was used as sample for the study and 150 questionnaires were administered and retrieved from the rural dwellers. The questionnaire was the instrument used for the study and it's comprised of two sections of demographic factors and information seeking behaviour of rural dwellers. Data generated from the questionnaire were analysed using simple percentage and frequency count.

Results

Section A: Demographic factors of Respondents

Table 1: Age of Respondents

	No	0/0		
18-39	63	42		
40-45	55	36.6		
60 and above	32	21.3		
Total	150	100		

Table I provides information on the age of respondents indicating that 63(42%) of the respondents were within the age range of 18-39, while 55(36.6%) of the respondents were within the age range of 40-45 and 32(21.3%) were within the age of 60 and above. The indication here is that majority of the respondents 63(46%) were within the age range of 18-39

Table 2: Marital Status of Respondents

	No	%	
Single	38	25.3	
Married	94	62.7	
Divorced	18	12	
Total	150	100	

Data in Table 2 reveal that 94(62.7%) of the respondents are married, 38(25.3%) of the respondents were single while 18(12%) are divorced. This shows that most of the respondents 94(62.7%) are married.

Table 3: Gender of Respondents

	No	%	
Male	77	51.3	
Female	73	48.7	
Total	150	100	

Table 3 shows that 77(51.3%) of the respondents were male while 73(48.7%) of the respondents were female. This reveals that majority of the rural dwellers who responded to the questionnaire were male.

Table 4. Educational Qualification of Respondents

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	No	0/0
Non formal Education		
Primary	41	27.3
Secondary	63	42
Tertiary	46	30.7
Total	150	100

Table 4 reveals that 46(30.7%) of the respondents had tertiary education as their qualification, 63(42%) had secondary school qualification, 41(27.3%) had primary school qualification while none fall under non formal education. Therefore majority of the respondents with 63(42%) have secondary school qualification.

SECTION B: Information Seeking Behaviour of Rural Dwellers on Healthcare

Table 5: Sources of Information

S/N	Sources of Information	Agree	0/0	Disagree	9/0
	Radio and television	136	90.7	14	9.3
2	Local government information officers	63	42	87	58
3	Primary health care workers	99	66	51	34
4	Public library	48	32	102	68
5	the school headmaster	66	44	84	56
6	Innam	27	18	123	82
7	Pastors	108	72	42	28
8	Friends and relatives	127	84.7	23	15.3
9	Market women	99	66	51	34
1 ()	Town crier	102	68	48	32
11	NGOs	72	48	78	52
12	Internet	73	48.7	77	51.3
13	Phones	109	72.7	41	27.3

Table 5 reveals the sources through which rural dwellers can get access to information. Most of the respondents with 13690.7%), 12784.7%), 40(80%), 109(72.7%), 108(72%), 102(68%), 99(66%), agreed they got access to information through radio and television, friends and relatives, phone, pastors, town crier, market women and primary healthcare workers respectively. Majority also disagreed on getting information from Innam, 12382%), public library 102(68%), local government information officers 87(57%), school headmaster 84(56%), NGO s 78(52%), Internet 77(51.3%). This finding therefore reveals that the rural dwellers got access to information from radio and television, friends and relatives, phones, pastors, town criers, market women and primary healthcare workers. Other means of accessing information such as the public library, local government information officers, NGOs, internets were not attested to as means of accessing information. This study is in agreement with the study of Ezeh and Ezeh (2017) which identified some major sources of seeking for information on health by the rural dwellers in Kaduna and some other sources poorly utilized. One can deduce from this present study that the poor utilization of other sources such as Imam, public library, local government information officers, NGOs, Internet, could be that few Moslems were involved in the study, no existence of /non functional public library in the community, non functional government information officers, no/ non functional NGOs and majority of the rural dweller did not have access to android phone or not subscription to access information on health.

Table 6: Health Challenges Faced by the Rural Dwellers

S/N	Health challenges	Agree	%	Disagree	0/0
1	Yellow fever	99	66	51	34
2	Malaria	132	88	18	12
3	Typhoid	122	81.3	28	18.7
4	Guinea worm	45	30	105	70
5	Cough	132	88	18	12
6	Accident and wounds	116	77.3	34	22.7
7	Stomach ache	142	94.7	8	16
8	Head ache	123	82	27	18
9	Skin problems	114	76	36	24
10	Hypertension	93	62	57	38
11	Arthritis	83	55.3	67	44.7
12	Diabetes	99	66	51	34
13	Tuberculosis	89	59.3	61	40.7
14	Liver disease	57	38	93	62
15	Tetanus	86	57.3	64	42.7
16	Cancer	49	32.7	101	67.3
17	Delivery	108	72	42	28
18	Hygiene	81	54	69	46
19	Family planning	112	74.7	38	25.3
20	Pregnancy	98	65.3	52	34.7
21	Immunization	107	71.3	43	28.7
21	Circumcision	73	48.7	77	51.3
22	Control of epidemic	99	66	51	34

Table 6 shows health challenges faced by the rural dwellers. The respondents that numbered 142(94.7%), 132(88), 123(82%), 122(81.3%), 116(77.3%), 114(76%), 112(74.7%), 108(72%), 107(71.3%), 99(66%), 98(65.3%), 93(66%), 89(59.3%), 86(57.3%), 83(53%) and 81(54%) respectively agreed they were faced with the problems of stomach ache, malaria, cough, headache, typhoid, accident and wounds, skin problems, family planning, delivery, immunization, yellow fever, diabetics, control of pandemic, pregnancy, hypertension, tuberculosis, tetanus, arthritis and hygiene. Most of the respondents with 105(70%), 101(67.3%), 93(66.7%), 77(51.3%), disagreed that guinea worm, cancer, liver disease and circumcision respectively were the health challenges encountered in the community. This finding buttresses that of Omotoso (2010) in Ekiti, Nigeria that the type of illnesses suffered by the rural dwellers were, yellow fever, malaria fever, typhoid, diarrhea, guinea worm, cough, stomach ache, headache, and accident or wound. Furthermore, Kumar, Kapinakadu and Anil's (2019) study in India revealed that the most common health issues were fever, chronic cough, gastro-intestinal problem, skin problems, hypertension, arthritis,

diabetes, cataract, deafness, ischemic heart diseases, tuberculosis and alcohol liver diseases. In this present study, health issues with low response rate could be as a result of the difference in study area or environment.

Table 7: Barriers to Achieving Healthcare Information Services Delivery

S/N	Barriers to healthcare Information services delivery	Agree	0/0	Disagree	0/0
1	Cultural belief	114	76	36	24
2	Religious belief	103	68.7	47	31.3
3	Ethnic diversity	93	62	57	38
4	Denial of reality	72	48	78	52
5	Resistance to change	92	61.3	58	38.7
6	Life threatening emergencies	51	34	99	66
7	Convenience of approach	80	53.3	70	46.7
8	Lack of Personal attention	103	68.7	47	31.3
9	Waiting time	98	65.3	52	34.7
10	Consultation fee	114	76	36	24

Data in Table 7 reveals barriers to achieving healthcare information services delivery in the rural community. It is shown in Table 7 that cultural belief 114(76%), consultation fees 114(76%), personal attention 103(68.7%), religious belief 103(68.7%), waiting time 98(65.3%), ethnic diversity 93(62%), resistance to change 92(61.3%) and convenience of approach 80(53.3%), were the barriers to achieving health care and information services delivery. It is also revealed in the study that life threatening emergencies 9966%) and denial of reality 7862%) were not agreed to as barriers to achieving healthcare. In other words, cultural belief, consultation fees, personal attention, religious belief, waiting time, ethnic diversity, resistance to change and convenience of approach were found as barriers to health care information services delivery. This study is in agreement with the study of Omole (2019) that cultural belief, religious belief, ethnic diversities, consultation fees, healthcare services, were the major factor that influences the information seeking behaviour of the rural dwellers on healthcare. Similarly, Kumar, Kapinakadu and Anil (2019) itemized cost of treatment, convenience of approach, quality of services, personal attention, waiting time, life threatening emergencies and consultation fee as the main determinants for preferring a particular health care facility. In essence, cultural belief, individuals' characteristics, government and health personnel factors are therefore barriers to information on health care/ services.

Conclusion and Recommendations

There has been neglect on how rural dwellers access information in all spheres of life most especially in the area of health which in most cases leads to complications or deaths. Observations have shown that most of the rural areas rely on their beliefs most especially on health issues and they do not have the various means to disseminate/educate them on issues that are related to

healthcare. From the findings of this study, while the rural dwellers are yet faced with the common health challenges, some of the sources through which the rural dwellers could be able to access information on healthcare (libraries, local government information officers, NGOs, Internet,) do not exist in the rural areas or they are not functional. Other barriers to healthcare information services found in the study are cultural belief, consultation fees, personal attention, religious belief, waiting time, ethnic diversity, resistance to change and convenience of approach.

The study therefore recommends that government should see the need to set up public libraries, local government information officers in the rural areas to disseminate information in all spheres of human endeavors. NGOs should support in the provision of information on healthcare to the rural dwellers. Government should ensure that there are low data subscriptions for Internet. Health personnel should well be cautioned by the government to carry out their job effectively by educating the rural dwellers on health related issues and see the need to do away with cultural and religious belief, ethnic diversity. Government should ensure that charges are not attached to provision of information to the rural dwellers by healthcare workers. Health care workers should be cautioned on their manners of approach in order not to scare the rural dwellers from making enquiries on health care. Prompt attention should be given to those who need information on healthcare. Disease prevention programmes and public awareness campaign can be organized by health personnel and other groups.

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