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State of Health Information Dissemination for Disease Control Among Rural Dwellers in Okpokwu Local Government Area of Benue State, Nigeria

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ABSTRACT

The study examined the state of health information dissemination for disease control among rural dwellers in Okpokwu Local Government Area of Benue State, Nigeria. The objectives of the study were to identify the available sources of health information and the extent of their availability to the respondents, ascertain their knowledge level on communicable diseases outbreak, transmission and prevention, and to identify ways libraries and information centres can partner with public health extension workers to disseminate information to them. The study adopted survey research design and the population consisted of all the rural dwellers in the Local Government Area. Four hundred and fifty respondents were randomly sampled from the total population of 229,641 rural dwellers, alongside twenty health workers in the area. The data collected were analyzed using frequency distributions and mean scores on the basis of four-scale rating. The study identified eleven sources of health information with the radio as the most accessed even with its limitation of lack of immediate feedback. The other sources were mobile phones, places of worship, friends, chiefs/community leaders, etc in that descending order. The respondents level of knowledge of communicable diseases outbreak, transmission and prevention was low, and the ways identified for partnership to disseminate relevant information included organizing talks in the local dialect, translation and packaging of health information pictorially and in songs using local dialect. Access to health information was hindered by lack of functional health centres, extension services and qualified personnel, libraries and information centres, funding as well as language barrier. Recommendations made included making health information more accessible, for example use of phones in radio programmes for immediate access, intensification of education to

increase knowledge level on communicable diseases outbreak, transmission and prevention, and better resourced health facilities for information provision in formats that appeal to rural dwellers.

Keywords: Access, Information, Disease Control, Rural Dwellers, Nigeria

INTRODUCTION

In recent times, the need for conscious continuous sensitization campaign of health information to both rural and urban communities has become paramount with the alarming rate of pandemic disease spread threatening human existence globally, especially in Nigeria where health related matters are not issues of concern nor taken seriously by the Government. Nigerians are known with swinging into fire brigade approach when the deal is done, thus, making most of the relevant and timely health information available domiciled in the urban areas with little or no transmission at all to rural areas when the need arises. Wijk and Tineke in UNICEF (2009) stressed that government gives priority to treating diseases that already manifested and immunizing people against falling ill, letting go sensitization campaign on hygiene behavior and satiation that will help inform the rural dwellers on safe behavior using appropriate available facilities. Supporting the view in UNICEF (2009), every rational being needs ample information for quality decision making that will influence behavioral change positively.

Rural dwellers refer to people who live in remote communities far from basic social amenities that could add positively to the standard of their lives. They are characterized with farming, ranching and trading as their major occupation and income. Notably, these rural dwellers provide most of the food and raw materials consumed by the country. So, it may not be out place to attribute the sustainability of the nation's food security to them. However, their general welfare such as health, education and other social aspects are not taken into consideration during policy formulation and implementation. These rural people are exposed to the hazard of contagion and spreading communicable diseases in the course of discharging work ignorantly, for lack of awareness of some disease outbreak, how to manage and adapting to precaution measures could curtail the spread. Communicable diseases are diseases that can be spread from one person to another and cause a large number of people to get sick. They are caused by germs like bacteria, viruses, fungi, parasites or toxins (Health and Wellness, 2016). Furthermore, Health and Wellness states that germs that cause communicable diseases are spread in a number of ways such as physical contact with an infected person, through contact with skin, sexual contact, fecal/oral contact or respiratory droplets, contact with a contaminated surface or object, food, blood or water and air among others However, it is a known fact that access to right sources of health information on basic hygiene practice and environmental sanitation assists in averting negative implications that come with diseases outbreak. According to Agwuna and Enweani (2018), information plays an essential role in the attainment of healthy status for rural dwellers. They went on to say that, health information is a necessity for rural dwellers in resolving the various health challenges confronting them in contemporary society. By implication, the rural dwellers may continue to wallow in ignorance of what is detrimental to them and the spread of disease is inevitable for lack of health information.

Hygiene is an intentional act performed by individuals in order to maintain healthy life that is free of contagious and communicable diseases. The World Health Organization (2007) refers to hygiene as conditions and practices that help to maintain health and prevent the spread of diseases. So, if hygiene is a set of behavioral practices that

maintain health and prevention of contagious diseases, then adequate provision of unimpeded flow of information on what they are, how they are caused and how they are prevented should be made available and accessible to both urban and rural communities, specially the rural dwellers due to their illiteracy level. Building on the preceding statement on flow of unimpeded information, David (2011) estimated 1.1 billion people globally do not have access to adequate information on the sources of water and therefore leading to the death of 2 million people every year due to diarrheal and other water borne diseases outbreak.

Schaub-Jones, Collignon and Valfrey - Visser (2006) observed that lack of recent, reliable information on the condition of existing sanitation and hygiene infrastructures to reduce risk of being exposed to diseases is a major challenge to good health. Since healthy citizens mean wealthy nation, adequate provision of accessible sources of information should be made available to empower individuals, groups and the society at large with knowledge of health tips that foster adoption and in turn result in problem solving. This should be a major concern of the government, philanthropists, NGOs and citizens. Williams (2007) added that rural communities should be a serious challenge/target for those responsible for information service delivery on proper hygiene. Since access to information is useful in controlling disease spread as it eliminates the inadequacy of knowledge on vital hygiene practices to curtail the spread of corona virus, hanta virus and Lasa fever among other pandemic or epidemics as the case may be. Important measures should be design for onward provision of information to rural communities to be able to contain the spread of the diseases.

Information fuels innovation and innovation affects the way and manner in which people respond to change. By implication, changing from ignorance to the light of knowledge without adequate information to influence decision making will be a mirage. Globally, information is recognized as an important resource of knowledge, creativity, innovation and development and the extent to which information is accessed and used by rural dwellers should be a topic of discussion to all with the indispensable role being played by them in sustaining the food security of the Nation like Nigeria. It is important to note that availability, accessibility and dissemination of information reduce health hazard and promote healthy life. WHO (2009) observed that inadequate sanitary conditions and poor health practices play major roles in the increased burden of communicable diseases within developing countries. One important fact or brings about this situation is the lack of access to health information.

From the foregoing, there is therefore need for a study on state of health information dissemination for disease control among rural dwellers in Okpokwu Local Government Area of Benue State, Nigeria with a view of suggesting how information can be used to facilitate adoption of hygiene practices that could translate to healthy way of living in rural communities.

THE PURPOSE OF THE STUDY

The study aimed at investigating state of health information dissemination for disease control among rural dwellers in Okpokwu Local Government Area of Benue State, Nigeria. The specific objectives of the study were to:

1. Identify available sources of health information to rural dwellers in Okpokwu Local Government Area.

2. Ascertain the extent to which available health information sources are accessible to rural dwellers in Okpokwu Local Government Area.

3. Ascertain the knowledge level of the rural dwellers in Okpokwu Local Government Area on communicable diseases outbreak, transmission and preventive measures,

4. Identify ways Libraries and Information centres can partner with public health extension workers in disseminating unimpeded flow of health information to rural dwellers in Okpokwu Local Government Area

5. Determine constraints in accessing available sources of health information in in Okpokwu Local Government Area

RESEARCH METHODOLOGY

Survey research design was adopted in this study. According to Nworgu (2015), survey research is concerned with systemic description of events as they are, because it is aimed at collecting data on something and describing the characteristics and facts about the population of a given study. This makes the design suitable for study on the state of access to information as a tool for disease control among Rural Dwellers of Okpokwu Local Government of Benue State, using a sample to represent the entire population. The population of the study consisted of the 229,641 people in the three districts of Okpokwu Local Government Area (Ujoh and Kwaaghsende, 2014). Four hundred and fifty respondents were randomly sampled from the total population of the rural dwellers and the 20 public health workers (Health Office, Okpokwu Secretariat, 2020) making the total sample of the study 470. Questionnaire and observation checklist were the instruments for data collection. One hundred and fifty copies of the questionnaires were administered to the rural dwellers. The obtained data were analyzed using frequency tables and mean scores of four-scale rating. That is any mean score of 2.50 and above is considered positive and accepted and any score below 2.50 is regard as negative and rejected.

RESULTS

Table 1: Distributions of Administered Questionnaire to Respondents

S/N	The 3 Districts of Okpokwu LGA	Total copies of Questionnaire administered	Total copies returned	%
1	Okpoga	150	120	31.4
2	Edumoga	150	144	37.7
3	Ichama	150	117	30.8
	Total	450	381	84.6

Table 1 above shows the distributions of questionnaire were administered in the 3 Districts of Okpokwu Local Government Area. Four hundred and fifty questionnaire were administered and 381 were duly completed and returned, representing 84.6% as the response rate. All the 20 questionnaire administered to public health extension worker were dully filled and returned.

Table 2: Observation Checklist on Available Health Information Sources in Okpokwu Local

S/N	Government Area Sources of Information	Available	Not Available
1	Public Health Extension services		√
2	Primary Health Care Centres	√	
3	Mobile Library Services		√
4	Radio	√	
5	Friends	√	
6	WhatsApp	√	
7	Facebook	√	
8	Information Centres		√
9	Health Posters		√
10	Health Bill Boards		√
11	Places of Worship	√	
12	Television	√	
13	Elites/ Opinion Leaders	√	
14	Newspapers		√
15	Health Bulletins		√
16	Community Leaders and Chiefs	√	
17	Mobile Phones	√	
18	Cooperative societies	√	

Table 2 shows the researchers' observation checklist of available sources of health information in Okpokwu Local Government Area. The checklist reveals that, out of the 18 sources of information, eleven were available. These included primary health care centres, radio, friends, whatsapp, facebook, places of worship, television, elites/opinion leaders, community leaders and chiefs, mobile phones and cooperatives societies.

Table 3: The Extent to which Available Health Information Sources are Accessible to Rural

S/N	Dwellers Accessible Sources	Means	Standard Deviation	Rank	Decision
1	Public Health Extension services	1.44	0.70	14th	No Extent
2	Primary Health Care Centres	1.40	0.65	15th	No Extent
3	Mobile Library Services	1.46	0.50	13th	No Extent
4	Radio	3.08	0.86	1st	Great Extent
5	Friends	2.76	1.01	4th	Great Extent
6	WhatsApp	1.90	0.82	9th	Low Extent
7	Facebook	2.13	1.04	7th	Low Extent
8	Information Centres	1.55	0.49	11th	No Extent

9	Health Posters	1.25	0.45	17th	No Extent
10	Health Bill Boards	1.25	0.44	16th	No Extent
11	Places of Worship	2.77	0.01	3rd	Great Extent
12	Television	1.79	0.94	10th	Low Extent
13	Elites/Opinion Leaders	2.11	1.07	8th	Low Extent
14	News Papers	1.54	0.50	12th	No Extent
15	Health News Bulletins	1.14	0.35	18th	No Extent
16	Community leaders and Chiefs	2.56	1.06	5th	Great Extent
17	Mobile Phones	2.88	1.00	2nd	Great Extent
18	Cooperative Societies	2.53	1.11	6th	Great Extent

Table 3 shows the responses of the rural dwellers on the extent of accessible sources of health information available to them. The major sources of information used by the rural dwellers included radio, mobile phones, places of worship, friends, Community leaders and Chiefs and cooperative societies. These have the mean scores of 3.08, 2,88, 2.77, 2.76, 2.56 and 2.53 respectively which indicates great extent access to them. On the other hand, the sources with low access included mobile library services, public health extension services, primary health care centres, health posters, Health Bill Boards and health news bulletins. These have mean scores of 1.46, 1.44, 1.40, 1.25, 1.25 and 1.14 respectively. The respondents added that radio was the most accessible and reliable source of health information to them. However, they desired that Joy FM Radio Station's broadcasts should be transmitted in their local dialects for better comprehension and applicability. Supporting the view above, Asejo, Saliu and Onuche (2010) attested that radio helps create awareness and interest in new practices, gives timely information to the public, and informs the public about extension services. The respodents lamented the unavailability of functional public health care centres and public health extension services, as they would have provided them good and reliable information through sensitization campaigns.

Table 4: The Knowledge Level of Rural Dwellers on Communicable Disease Outbreak, Transmission and Preventive Measures

S/N	Awareness of Communicable Diseases	Mean	Standard Deviation	Rank	Decision
1	Corona virus pandemic	2.39	1.12	11th	Low Knowledge
2	Ebola Virus	2.07	0.95	18th	Low knowledge
3	Hanta Virus	1.16	0.37	33rd	No knowledge
4	Influenza	1.22	0.56	31st	No knowledge
5	Lassa Fever	2.23	0.97	14th	Low knowledge
6	Hepatitis	2.21	1.16	15th	Low knowledge
7	Cholera	2.70	1.13	5th	High Knowledge
8	Tuberculosis	2.29	1.01	12th	Low knowledge
9	HIV/AIDs	3.21	0.75	1st	High knowledge
10	Measles	3.11	0.66	2nd	High knowledge
	Transmission				

11	Person to person contact	2.15	0.85	17th	Low knowledge
12	Respiratory secretions	1.24	0.43	30th	No knowledge
13	Air borne droplet	2.44	1.08	9th	Low knowledge
14	Blood and sex	3.07	078	4th	High knowledge
15	Consumption of contaminated food and water	2.40	1.04	10th	Low knowledge
16	Urine and Semen	1.36	0.66	27th	No knowledge
17	Rodents excretion	1.85	0.97	22nd	Low knowledge
18	Bodily fluid exposure	1.70	0.86	23rd	Low knowledge
19	Fecal-oral route	1.19	0.45	32nd	No knowledge
	Preventive Measures				
20	Good hygiene and sanitation practices	2.70	0.97	6th	High knowledge
21	No needle exchange	3.10	0.77	3rd	High knowledge
22	Blood bank control	2.07	1.12	19th	Low knowledge
23	Washing of hands always	2.47	1.14	8th	Low knowledge
24	No physical contact and avoidance of crowded areas	2.17	1.22	16th	Low knowledge
25	No exchange of cloths	1.52	0.89	25th	Low knowledge
26	Vaccine for some diseases	2.06	1.08	20th	Low knowledge
27	Rodents' control	1.48	0.67	26th	No knowledge
28	Disinfection of infected areas	1.31	0.46	29th	No knowledge
29	Safe sex	2.69	1.05	7th	High knowledge
30	Education	2.26	0.98	13th	Low knowledge
31	No vaccine for corona, Ebola and lassa fever	2.03	1.13	21st	Low knowledge
32	Washing hands with soap after touching objects	1.64	0.79	24th	Low knowledge
33	Avoid to touching eyes, nose and mouth with yours hands	1.33	0.64	28th	No knowledge

Table 4 indicates rural dwellers knowledge of communicable diseases. These include HIV/AIDs, measles and cholera with mean scores of 3.21, 3.11 and 2.70 respectively which show high level knowledge. The table also shows low knowledge for Hanta virus and influenza with mean weights of 1.16 and 1.22 respectively. On transmission of communicable diseases, blood and sex with mean scores of 3.07 indicate high knowledge while respiratory secretions, urine and semen and fecal-oral route with mean scores of 1.24, 1.36 and 1.19 indicate low knowledge as well. Also the preventive measures indicate good hygiene and sanitation practices, no needle exchange and safe sex with mean scores of 3.10, 2.70 and 2.69 as high knowledge. Rodents control, disinfection of infected areas and avoiding touching of eyes, nose and mouth with hands with mean weight of 1.48, 1.33 and 1.31 as low knowledge. From the table, it shows that there is little or no health sensitization campaigns on the outbreak, transmission and prevention of communicable disease to these rural dwellers. This means that rural dwellers are in jeopardy of being infected ignorantly.

Table 5: Ways Libraries and Information Centres can Partner with Public Health Extension

S/N	Ways of partnering with public health extension workers	Mean	Standard Deviation	Rank	Decision
1	Libraries to collaborate with Public Health workers to organize talks in local dialect for rural dwellers	3.15	0.81	1st	Agree
2	Libraries to translates health sources to local dialect of the people for Public Health workers	3.15	1.18	2nd	Agree
3	Libraries to package health sources in pictorial format for Public Health workers in the people's local dialects	2.55	0.94	4th	Agree
4	Libraries to convert health information resources into songs	3.3	0.80	3rd	Agree
5	Libraries to convert health information resources into drama	2.45	0.82	5th	Disagree

Table 5 indicates that libraries can partner with public health extension workers to organize talks in local dialects for rural dwellers, translate health sources to local dialects of the people for public health workers, to package health sources in pictorial format for public health workers in the people's local dialects and convert health information resources into songs. These have the mean weights of 3.15, 3.15,3.3, and 2.55 which indicate accepted. Libraries to convert health information resources into drama with a mean score of 2.45 indicates disagreement i.e not accepted. This finding agrees with that of Hopkins in Sokey, Adjei and Ankrah (2018) that used songs and dances through multiple media channels like TV and radio to reach Ghanaians across the country. The songs were sung in English, Ga, and Twi among other languages to promote the use of abstinence, being faithful and using condoms to prevent the spread of HIV/AIDs.

Table 6: Constraints in Accessing Sources of Health Information Available

S/N	Constraints in Accessing Sources	Mean	Standard Deviation	Rank	Decision
1	Lack of functional primary health care centres and public health extension workers	3.35	0.76	3rd	Agree
2	Lack of qualified health personnel	3.34	0.55	4th	Agree
3	Language barrier	3.07	0.93	5th	Agree
4	Lack of Libraries and Information centres	3.62	0.48	2nd	Strongly agree
5	Lack of financial support from the Government for running the health centres	3.72	0.44	1st	Strongly agree

Table 6 contains constraints in accessing available health sources of information by the rural dwellers which included lack of financial support from the Government for running the health centres, lack of libraries and Information centres, lack of functional primary health care centres, lack of qualified health personnel and language barrier. These have mean scores of 3.72, 3.62, 3.35, 3.34 and 3.07 respectively, which indicates strongly agreed and agreed.

DISCUSSION OF FINDINGS

The discussion is based on the findings of the study in line with its objectives.

1. Ascertain the Extent to which Available Health Information Sources are Accessible by the Rural Dwellers

The study reveals radio, places of worship, friends, mobile phones, community leaders and chiefs and cooperative societies are the major sources of health information accessible to rural dwellers. However, radio has the highest accessibility rate because of its reliability compared to the other sources. This study has bearing with that of Asejo, Saliu and Onuche (2010) which attested that radio helps create awareness and interest in new practices, gives timely information to the public, and inform the public about extension personnel. However, the rural dwellers lamented that radio broadcast is not enough as a source of health information as they miss some vital information while listening which cannot be repeated and it doesn't give room for question and answer for more clarification. Schaub-Jones et al (2006) observed that lack of recent, reliable source of information on the condition of existing sanitation and hygiene infrastructures to reduce risk of being exposed to diseases is a major challenge to good health.

2. To Ascertain the Knowledge Level of Rural Dwellers on Communicable Disease Outbreak, Transmission and Preventive Measures

The findings of the study reveal that most the rural dwellers are not adequately knowledgeable about communicable diseases, how they are transmitted and the preventive measures on ground. By implication, the rural people are wallowing in ignorance that is detrimental to them and by extension the society for lack of information. However, information can be used to empower the rural dwellers with knowledge of any outbreak of diseases such as covid19 pandemic and lassa fever which are threatening human existence. The knowledge will help avert the danger of contagion and spread of the diseases. This study is similar to that of David (2011) who observed that 1.1 billion people globally do not have access to adequate information on the sources of water and therefore leading to the death 2 million of people every year due to diarrheal and other water borne diseases outbreak. The study reveals that there is little or no health sensitization strategy to educate on the outbreak, transmission and prevention of communicable diseases existence to these rural dwellers. This means that rural dwellers' lives are in jeopardy of being infected due to ignorance. The study is in line with that of Agwuna and Enweani (2018) that health information sensitization is a necessity for rural dwellers in resolving the various health challenges confronting them in contemporary society

3. Ways Libraries and Information Centres can Partner with Public Health Extension Workers in Disseminating Unimpeded Flow of Health Information to Rural Dwellers

The study indicates that libraries can partner with public health extension workers to organize talks, translate health sources, package health sources in pictorial format and convert health information resources into songs. All these ways should be in the local dialects of the rural dwellers. This finding is similar to that of Hopkins in Sokey, Adjei, Ankrah (2018), that used song and dance through multiple media channels like TV and radio to reach Ghanaians across the country. The song was sung in English, Ga, and Twi among other languages to promoted the use of abstinence, being faithful and using condoms to prevent the spread of HIV/AIDs.

4. Constraints in Accessing Available Sources of Health Information

The findings of the study reveals that lack of functional primary health care centres and public health extension workers, lack of qualified health personnel, language barrier, lack of libraries and information centres and lack of financial support from the Government for running the health centres are the major constraints to access available health information by the rural dwellers in Okpokwu Local Government Area of Benue State. By implication access to reliable health information is major challenge in the area of study with the lack of functional primary health care centres and public health extension workers. This is because sensitization through health campaign to promote healthy lives of the people is the primary goal of public health extension workers and health care centres. This finding is similar to those of Islam & Mezbeah-Islam (2012) and Mtega & Ronald (2013) who noted that late delivery of information services, irrelevant information provided, unaffordable costs of information services and high level of illiteracy, indifference of library personnel, genuine lack of staff and financial resources are mentioned to be among the factors limiting access to information services. The other constraints included poor and unreliable infrastructure, inappropriate time of broadcast of radio/TV programmes and lack of audience research to determine the information needs of rural people equally limited accessibility of information services in rural areas.

CONCLUSION

In conclusion, access to timely health information translate into healthy productive society by the adoption of health information available to them. This timely information serves as a tutor and eye opener to the rural people to redeem them from the darkness of ignorance that is detrimental to the light of knowledge that brings transformation and change. Also, sources like radio that has gain high level of acceptance by the rural dwellers because of its reliability compared to the other sources be given more time when passing relevant information on health to them. Furthermore, the absence of public health extension services left a negative impact on the rural dwellers, as they are expose to contaging diseases ignorantly for lack education through sensitization campaign. So, public health workers should revisit rural areas to see for themselves the negative impacts of their service absence. This will challenge them into action, knowing that their primary goal is to promote health among the people through education, strategic sensitization campaign. Finally, librarians and information managers were completely found wanting in the discharge of their services to the rural dwellers. As most of the rural dwellers' are not aware of the concept library and information centres nor the services they provide. This should be major concern for librarians and managers of information to stop proffering solutions alone but rather move to practicing the solution proffered for positive impact of their services in their users.

RECOMMENDATIONS

For any aspiration of greatness, information is a vital tool in attainment of it. So living a healthy live depends on the availability of timely health information to the people. Therefore, the researchers recommend that timely health information should be packaged and channel to the rural dwellers on a continuous base. Those saddled with the responsibility of passing and communicating health information to rural dwellers should be proactive enough and not reacting to problems when the deal is done. Public health workers should be well monitored to ensure effective service delivery to the rural dwellers as they lamented that radio broadcast is not enough as a source of reliable health information for them. As this service provides rural dwellers room for question and answer to enhance quick understanding and applicability. Librarians should be actively involved in partnership with public health workers in

the provision of health information to rural areas for their impacts to felt. This can be done by translating health information sources, packaging health sources in pictorial format and organizing health talk. All of these in the local dialects of rural dwellers. The researchers also recommend that the government closer to the people should make adequate provision facilities for the public health workers that will enhance effective service delivery to the rural dwellers.

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