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Access to Information and Implications for Healthy Ageing in Africa: Challenges and Strategies for Public Libraries

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Abstract

The elderly people are of intrinsic value to societies. Their health is Africa's wealth. Unfortunately, Africa has serious health burden raging from diseases, poverty ignorance that hardly support healthy ageing. Development indicators from World Health Organization and the World Bank provide glaring evidence that Africa countries are far behind other regions of the world in health conditions of the citizens. This paper discusses the benefits that accrue from having a healthy old age population. Such includes poverty reduction, stress free ageing, assisting in taking care of young ones. It examines the role of information in enhancing healthy ageing in Africa. The paper identified public libraries as very important institutions to take up the challenges of provision of adequate and timely health information for the elderly citizen in Africa. While it acknowledges the challenges public libraries in many African countries face, it also provided strategies the libraries could adopt to perform this onerous task. Several recommendations were made; namely, adequate funding of public libraries, employment of librarians with translations skills, ICT application in public libraries, among others. The paper concludes that African countries should reposition their public libraries to facilitate the provision of relevant information that would support healthy ageing.

Keywords: Health information, Africa, ageing, healthy ageing, libraries, public library.

Introduction

Since the past decades, the efforts to achieve health for all coupled with improvement in living standards have raised life expectancy in many parts of the world.

The causes of this increase in life expectancy are very obvious. Inclusive efforts and the

attention given to health issues by the United Nations Organizations and her agencies, several research in pure and social sciences, genetic engineering, etc have enormously helped to push up the global healthy ageing and old age thereby, increasing life expectancy in different places.

Healthy ageing and old age have to do with a gradual but a steady movement toward ageing devoid of acute health challenges. This means paying requisite attention to the health of all the individuals at different stages of life. It is not really waiting for people to get old before giving health care. Rather, it involves getting old and yet being active and striving to attain some goals so as to counterbalance the physical losses that are associated with ageing and old age. While everybody aspires to be old, the desire to grow towards it in a healthy body and soul is very critical to national development. Its advances actually offer unprecedented demographic and epidemiological changes whose consequences are very glaring.

Research available and World Development Indicator have shown that in places like China, Japan and other industrialized countries, life expectancy and healthy ageing have become apparent and tremendous. Their governments have instituted and implemented policies that protect the rights of the elderly and cater for their healthy ageing. In Africa South of the Sahara, where old age is respected and seen as a treasure, this level of life expectancy and healthy old age are yet to be attained. Though several health related variables such as inadequate health facilities, poor environmental health conditions, growing increase in preventable diseases among others contribute in many ways in the low life expectancy and unhealthy ageing, observations have shown that illiteracy and inadequate health information dissemination inhibit the attainment of

increased life expectancy and healthy ageing in Africa. The belief is that adequate health information services could to a large extent increase life expectancy and healthy aging in Africa. Regrettably, it appears that little or no attention is paid to the provision of timely and adequate health information services that will guide the people on healthy living habits which will translate to healthy aging and increased life expectancy like the industrialized countries. The reason for this is that public library services which are central in the provision of such information are not well developed or entirely absent in most African countries. If Africans would strive alongside with other continents and be able to attain the level which those continents have reached in achieving healthy old age for their populace, all the public libraries in Africa must brace up for the future. The purpose of this paper is to highlight the role of public libraries in enhancing healthy old age, detect impediments to role actualization and recommend solutions. In order to achieve these, the paper is designed under the following sub headings:

1. Health challenges in Africa
2. Issues in healthy ageing
3. Challenges of Healthy Ageing in Africa
4. Access to information and healthy ageing in Africa
5. Implications for public libraries
6. Strategies for Health Information Provision
7. Conclusions

Health Challenges in Africa

In all ages and among all people worldwide, governments, institutions, and organizations have placed a lot of emphasis on the longevity of life and the health needs of the people. In some few African countries, this emphasis has shown itself in the efforts to provide free medical services designed to upgrade and sustain the good health of the citizens. Good health means that people remained healthy, have free access to effective and efficient health care, better nutrition, improved living conditions, useful health information and absence of avoidable premature deaths. However, in many other countries corrupt and sharp practices of government officials impede the expected growth in the health system. This increases the health challenges in these countries.

In order to strengthen African health system, African Union developed African health strategy: 2007 – 2015 in line with the Millennium Development Goals (MDGs) so as to decrease disease burden through improved resources, systems, policies and management (African Union, 2007). The AU noted with regret the ravaging effects of the triple burden namely; communicable and non communicable diseases, injury and trauma which continue to deplete African population continuously. Women and children remain the greatest victims of this burden with 4.8 million children dying annually while maternal mortality also takes its toll (African Union, 2007). The African health strategy placed the health sector in the fore front of the efforts to advance women's participation since they constitute majority of the care givers in health facilities and the family.

Many national governments, organizations and individuals are assiduously researching and working towards the articulation of the processes of delaying untimely ageing, which comes as a result of hardship and sicknesses. These processes entail the determination of approaches to the prevention of disabilities through quality health care

delivery and improvements of the socio-economic conditions of the citizens to reduce incidences of diseases which will by extension minimize the cost of health care delivery and promote productivity. Life expectancy will also be enhanced and a healthier and more productive population obtained. However, in many African countries the health situation is such that many die annually as a result of preventable diseases, poor health facilities, inadequate trained health personnel, lack of the required drugs and access to health information. This has resulted in low life expectancy of African countries in comparison with other parts of the world as can be seen in tables 1 and 2.

Table 1: Population proportion of main age-groups in major world regions

<i>Age groups % of total population</i>			
	0 – 14	15-59	60+
SSA	43.4	51.6	4.9
Asia	27.8	62.9	9.3
Latin America	30.0	61.3	8.8
North America	20.5	62.7	16.8
Europe	15.6	63.5	20.7

Source: United Nations (2005), *World Population Prospects. The 2004 Revision*

It has been argued that health information and adequate health statistics will go a long way in improving the health conditions of many African countries. The World Health Organization (2011) noted that “basic data and statistics are at the core of all health systems. Without them, it would be impossible to analyze evidence and extract action-orientated knowledge for decision making.” The provision of access to health information to health workers and other members of the society accounts for the reason behind WHO initiative to develop an African Health Observatory and national health observatories aimed at narrowing the knowledge gap and strengthen health systems in the African Region by providing easy access to high quality information, evidence and knowledge, as well as facilitate their use for policy and decision making (WHO, 2011).

This report (WHO, 2011) provides glaring evidences of embarrassing health conditions of African countries when compared with the overall global indicators. Cooke (2009) captured the health conditions in Africa in these words “Nowhere are global health challenges more acute than in Sub-Saharan Africa. With just 13 percent of the world’s population, this region carries 24 percent of the global burden of diseases.” p.1 These conditions result from high rate of poverty, underdevelopment, failure of public health system, corrupt government official and lack of social security in the counties.

Table 2: Selected indicators on African health conditions

		African Region	Global
Population size in thousand	2008	804,805	6,737,480
Population living urban area (%)	2008	37	50
	2000	34	47
	1990	29	43
Life expectancy at birth (yrs) both sexes	2008	53	68
	1990	51	64
Adult mortality rate (probability of dying between 15 & 60 years)	2008	392	180
	1990	371	210
Per capita total expenditure on health (PPP int. \$)	2007	137	863
	2000	86	568
Gross national income per capita (PPP int. \$)	2008	2,279	10290
	2000	1,506	6940
	1990	1,319	4862

Source: Health Situation Analysis in the African Region Atlas of Health Statistics, 2011 (WHO)

The implication of this is that preventable diseases such as malaria, tuberculosis among others couple with the ravaging effects of HIV pandemic are taking their toll on countries of Africa. Cook lamented that while tuberculosis and malaria have attracted global attention, other tropical diseases such as vector-borne protozoan infections, bacterial infections and parasitic worms are neglected resulting in preventable deaths in many African countries.

Healthy ageing require improved health care and medical services to the citizen. However, evidences abound showing that health services in developing countries particularly Sub-Saharan African countries are yet to provide good health care to their teaming population which results in very low life expectancy when compared with other countries. Health indicators from World Bank provide a vivid picture of inadequacies of the health and medical services available in these countries as can be seen in table 3.

Table 2: Global Health Systems

S/N	WORLD REGIONS	Health Expenditures					Health Workers		Hospital beds	Outpatients visits
		Total % of GDP 2008	Public % of total 2008	External resources % of total 2008	Per capital in \$ 2008	PPP \$ 2008	Physicians per 1,000 people 2004 - 09	Nurses & midwives per 1,000 2004 - 09	Per 1000 people 2004 - 09	Per capita 2000 - 09
1	Low income	5.3	41.9	24.2	25	55	0.2	0.5	-	-
2	Middle income	5.3	51.4	0.6	186	314	1.3	2.3	2.4	-
3	Lower middle income	4.3	45.5	1.1	95	188	1.0	1.7	1.9	-
4	Upper middle income	6.3	55.4	0.2	531	792	2.3	4.8	4.5	-
5	Low & middle income	5.3	51.2	1.1	163	277	1.1	2.0	2.3	-
6	East Asia & Pacific	4.2	48.2	0.5	125	231	1.2	1.7	4.0	-
7	Europe & Central Asia	5.4	65.4	0.3	448	738	3.2	6.8	7.3	7.6
8	Latin America & Carib.	7.2	50.3	0.2	542	733	2.2	4.8	-	-
9	Middle East & N. Africa	5.0	53.0	1.0	176	350	1.5	2.2	1.6	-
10	South Asia	4.0	32.6	2.4	40	106	0.6	1.1	0.9	-
11	Sub-Saharan Africa	6.1	42.9	9.3	74	132	0.2	1.0	-	-
12	High Income	11.0	62.2	0.0	4,455	4,136	2.9	7.9	6.1	8.5
13	Euro Area	10.0	73.7	0.0	4,132	3,458	3.8	7.5	5.8	6.8

Source: World Development indicators 2011

Issues in healthy ageing

Healthy ageing is evidenced in the steady rise in the number of children who reach adulthood and adults who reach old age, yet enjoying very good health. The meaning and the on-set of old age is usually determined according to cultures. However, the United Nations at its First World Assembly on Ageing chose 60 years as the beginning point of old age. Healthy ageing therefore means that few people die in all

ages, and the surviving number reach old age in good health, continues to enjoy living, and contributes to the happiness of others.

When the young and the adults advance towards old age in good health bereft of physical difficulties and diseases, healthy ageing results. In his definition of healthy ageing, Baltes (1997) observed that rather than taking it to mean the avoidance of the problems that come with age, it implies continually striving to maximize health gains and minimize health losses. Ageing is a progressive loss of adaptability with the passage of time so that individuals are less and less able to react adequately to the challenges from both external and internal environment (Bujari, 2004). As a biological process, ageing is inevitable and irreversible. Healthy ageing is a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellbeing, independence, quality of life and enhancing successful life course transitions (Health Canada, 2002a). It is a developmental task that proposes ways of meeting the needs of the elderly.

Chingwalu (2001) noted that the number of Africans who will live above 60 years is expected to increase from 38 million to 212 million in 2050. The increase in the number of the ageing and the elderly will be suited to the African domestic customs and economic level. However available health indicators shows that people who are getting old in Africa may not enjoy healthy ageing due to a number of variables as can be seen in table 2 below. This is in spite of a number of benefits African countries can derive from their ageing population considering the socio-cultural background of the region.

Table 3: Global disease prevention coverage and quality

S/N	WORLD REGIONS	Access to improved water supply % of population		Access to improved sanitation facilities % of population		Child immunization rate % of children ages 12 – 23 months		Children with fever receiving anti malaria drugs % of children under age 5	Tuberculosis	
		1990	2008	1990	2008	Measles 2009	DPT 3 2009	2004 – 2009	% of new cases 2008	% of new cases 2009
1	Low income	55	64	23	35	78	80	30.6	86	50
2	Middle income	74	88	45	57	82	81	-	-	-
3	Lower middle income	70	86	37	50	79	79	-	89	63
4	Upper middle income	89	95	78	84	93	93	-	72	79
5	Low & middle income	72	84	43	54	81	81	-	-	-
6	East Asia & Pacific	69	88	42	59	91	93	-	92	70
7	Europe & Central Asia	91	95	87	89	96	95	-	67	78
8	Latin America & Carib.	85	93	69	79	93	92	-	77	73
9	Middle East & N. Africa	87	87	73	84	87	88	-	86	78
10	South Asia	74	87	22	36	75	72	7.2	88	64
11	Sub-Saharan Africa	49	60	27	31	68	70	34.4	79	48
12	High Income	99	100	100	99	93	95	-	69	87
13	Euro Area	100	100	100	100	94	96	-	-	-

Source: World Development Indicators 2011

In Africa, old age is never regarded as a burden. It is a blessing. The young ones tap from their wealth of wisdom and use it to develop their own intellect. The elderly population from time to time gathers their grandsons and daughters educate them on the dos and don'ts of the society and share experiences on how to strive and overcome difficulties. Maria de Souza (1997) observed that many elderly people enjoy recounting their memories and experiences to the younger generations. This attitude helps to keep older people properly integrated within the community and impart skills and knowledge to the younger ones.

In addition to this, healthy ageing has serious political implications. The elongation of life through caring for the health of the aged brings about an appreciable increase in the population of voters. This group of people is capable of using their heads

right in elections and other socio-political decisions. Highlighting the substantial contributions of the elderly people to national growth and development is vital for policy formulation, especially the ones that concerns them. The aged in terms of experiences and abstract reasoning is the group that rolls forward historical and administrative antecedents that help to blend and straighten governance.

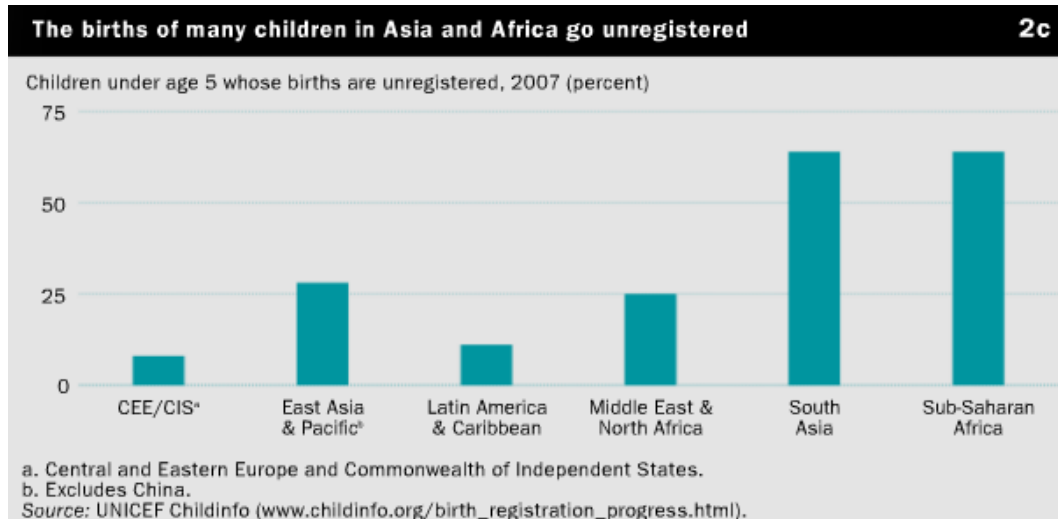
It is difficult to overemphasise the role of the elderly people in building a just and formidable society. Throughout Africa the elders are regarded as the repertoire of vision, knowledge, justice and godliness. These virtues are derived from their role in families and communities. When they sit as judges, they bring equity and fair play, when as ancestral heads standing on gap between the ancestors and their off springs, they pray down blessings on the societies. They act as great consultants in various fields where the initiatives of the young ones are fostered. Discussing the importance of the elders in Africa, Apt (1997) observed that in a typical household in any African community, each person whether young or old has a role to play. The elderly people are not excluded from productive and social activities. He further stated that in Ghana, the elderly population contribute to the social upbringing of the young, and as educator and guides, they remain in the background giving moral, monetary support and directions.

Challenges of Healthy Ageing in Africa

Africa is making a great effort in trying to live up-to expectations in terms of setting up programmes that would enhance healthy old age and increase life expectancy. Yet, challenges militating against successful advancement towards healthy active ageing are enormous. Major challenge to healthy ageing in Africa is the formulation of adequate

and sustainable ageing policy. Observations have shown that very few of her countries have developed requisite policies for a healthy ageing. Such countries include the Cameroon, Kenya South Africa, Zambia and the state of Mauritius. Absence of a nationally acclaimed policy in many African countries to strategically regulate and tackle proper healthy old age programme has seriously undermined Africans desire to catch up with some other Asian and European countries in achieving longevity of life.

Another vitiating factor is the absence of full-blown up information on health matters and its adequate utilization by Africans. Ibeun (1986) and Aiyepetu (1989) deplored the poor attitude to information in the developing countries like Nigeria and affirmed that documentation and information about health and socio-economic development is far from being satisfactory. Information is life. Health statistics is very useful in addressing some of the health challenges in many developing countries. It is the statistics that would guide government, health workers and other stake holders in planning for overall health of the country. Without useful information and its efficient utilization, no healthy advancement in any human endeavour could be made. Any country that would like to enhance life expectancy and reduce old age morbidity must endeavour to have reliable health for research, planning and development of health programmes. In Africa, health related information is very scanty and the extent of utilization of the existing one is equally not encouraging. As such, these twin factors act as serious deterrents to boosting healthy old age. For instance, data on registration of birth is a very useful health statistics for planning of health programmes, but this is lacking in Africa as can be seen in fig. 1.



The world development indicators (2011) also revealed that the birth of 50 million children was unrecorded in 2009 and greater percentage of these unrecorded figures came from Africa.

Considering the usefulness and participatory role of the elderly people in Africa, it must have to be stated that the challenge faced in Africa is not one of providing protection as found in Europe but of keeping them involved in the developmental processes of their communities. This arises as a result of the aged Africans being desirous of being active and working side by side with the youths. Their strong desires to contribute to the socio-economic and cultural development of the people have to be streamlined and harnessed if they are to stay longer.

Other impediments of the proper achievement of healthy ageing in Africa include the growth of civilization and urbanization. As stated earlier, Africans have well-structured extended family relationships that give social support to the young and the elderly. Today, the individualistic type of living being imbibed from Europe is distorting this invaluable support system. Amosun and Reddy (1997) rightly observed that the extended family and the community relationships have constituted the primary source of

care for the elderly, but urbanization, modernization, and political and social strains, such as war, poverty and economic insecurity, are eroding these traditional support networks. They further stated that perceptions about older people and families in Africa are being distorted and often seen as a burden using up scarce resources.

African countries face the great burden of persistent problem of poverty illiteracy and diseases. The battle against them is yet to bear appreciable results. Consequent upon this, the elderly people in Africa are being seriously and urgently dragged to their untimely death. Health care is often hindered in the elderly population following poor access to health information services and limited use of preventive services (Amosun and Reddy, 1997). Poverty in Africa is not just the lack of money but a series of facets; vulnerability; lack of opportunities, and unfair competition as a result of economic and social globalization (Chingwalu, 2002). The elderly citizens suffer. Governments hardly pay them, even after retirement. This impedes access to health care and deprives them of longevity of live.

Access to Information and Healthy Ageing in Africa

Access to adequate and timely information has been described as very critical indicator for the overall national development and specifically very useful in combating poverty, ignorance and diseases in many developing countries (Iwe, 2003; Ezema, 2011). While Iwe believes that information is very essential in sustainable rural development, Ezema highlights the critical nature of information in addressing problems such as human trafficking and some health related problems. However, the major concern is that many in African countries the citizens lack adequate and timely information that would help in

addressing their health related problems. A very reliable public institution that will provide the information needs of the populace is the public library. Unfortunately, in many developing countries, governments pay lip services to the development and funding of public libraries.

Literature is replete with the dynamic roles of information in addressing social problems in many cultures. The library has been identified as the propeller of information dissemination for the overall national development. It is the intermediary between official information and the citizens (Ezema 1998; Quaddri, 2004). Unfortunately, Chijioke (1999) has regretted the paucity of public libraries in rural areas of Nigeria. She therefore, stressed the need for community information services (CIS) where the library would play reference roles to the community information workers who would render the vital information services to the rural dwellers. Similarly, Aina (2006) identifies the link between the library and information extension officers in providing adequate and timely information to the rural dwellers. This link remains pivotal in disseminating health, agricultural, economic and human right information in rural communities. Nwagha (1992) also identified lack of access to health information as one of the major factors contributing to the low standard of living of rural people in Africa in general and rural women in particular. Her survey conducted in Nigeria reveals that rural women lack access to adequate and timely information to improve the health of the family, agricultural production and other aspects of self-development. The dissemination of vital information through the use of radio jingles is recommended to make information dissemination to rural people effective.

Another study by M'Jamtu-Sie (2003) concludes that lack of health information in Sierra Leone has exposed the majority of the population to preventable health dangers during and after the civil war in the country. Several other studies have also underscored the vital roles of information in improving health system in many societies particularly developing countries. The works of

Sundin, (2002), Cogdill, (2003) and Ajayi (2005) provide evidence on the importance of information on management of health challenges by the nurses.

In the same vein, African Union (2007) and Cook (2009) recognized the significant contributions of information in addressing the health challenges facing African countries. Health data collection and generation and information dissemination are part of the strategies African Union adopted to promote health systems in Africa. The AU requested African countries to “develop a simple, timely health information system that is suitable to monitor progress, inform decision making and ensure quality in the delivery of health care;” while Cook notes that strengthening African research, surveillance, and reporting capacity will be critical to more accurately determining the regional disease burden.

Studies have shown that access to information reduces the health dangers emanating from some cultural beliefs and practices in many African countries. For example the study by Anuforo, Oyedele and Pacquiao (2004) to gain insight into the meanings, beliefs, and practices of female circumcision among three Nigerian tribes in the United States and Nigeria revealed existence of similarities and differences in the cultural meanings, beliefs, and practices among Nigerian tribes used for the study. Religion, education, and occupation were significant factors influencing informants’ attitudes toward continuation of the practice. Government-sponsored public awareness and influence of information through the media were found to increase informants’ awareness of complications of female circumcision. The study reported changes in attitudes toward the practice and use of alternative practices were also evident. Similarly, creation of awareness through information dissemination has been found to promote

breast feeding among nursing mothers in Nigeria (OlaOlurun & Lawoyin, 2006). With breast feeding infant mortality are usually reduced, and by extension healthy ageing is improved.

Lack of access to health information in Africa has also been linked to poor information and communication facilities as well as poor ICT skills of information and health workers. Watts & Ibegbulam (2006) and Moahi, (2009) in separate works argued that the development of information and communication infrastructure in Africa will facilitate the provision of health information to the large population of African countries. While Watts and Ibegbulam regret the near absence of ICT facilities and skills personnel for adequate and timely information, Moahi posits that ICT would greatly enhance the provision of health information to health workers and other stake holders to combat diseases like malaria, HIV/AIDS and other debilitating diseases that inhibit healthy ageing in Africa.

Role of Public Libraries

In Africa, public libraries started as a result of the seminar on the development of public libraries organized in 1953 by UNESCO and held at Ibadan, Nigeria. Public libraries are libraries built within a community, intent on promoting literacy, helping to conserve cultural heritage and keeping the people abreast with what is happening around the world (Ekere and Ugwuanyi, 2011). Public libraries have been found as very reliable public institution that will provide the information needs of the populace because they take care of the information needs of all categories of people. Unfortunately, in many

developing countries, governments pay lip services to the development and funding of public libraries.

They are libraries run with public fund for public enlightenment. Their users vary from the highly educated and intelligent to the stark illiterates, from the poorest to the wealthiest, from the inhabitants of most rural areas to those living in the urban areas, and from the least disadvantaged to the most advantaged in the community. Their resources are available to all regardless of religion, nationality, language, age, gender economic statues and educational standard. Public libraries provide information related to childcare, birth control, nutrition, immunization, sanitary, and health care services (Kaula, 2006). Their vantage positions of easy accessibility to all, and the type of services rendered make them a critical factor in disseminating vital information on successful healthy ageing to the grassroots in Africa.

Public libraries as already known are among the agencies of communication that collect, organize, store and disseminate relevant information to the populace. The vitality of information to all facets of human activities and by extension national and global integration is replete in a lot of literature. M'Jamtu-Sie (2003) recommends the use of public libraries for the provision of health information in Sierra Leone. Similarly, Iwe, (2003) identifies public libraries to be in vintage position disseminating information for sustainable rural development in Nigeria. In line with this, Watts & Ibegbulam (2006) and Moahi (2009) advocate the development of ICT facilities in public libraries to propel health information dissemination in Nigeria and Botswana.

These clarion calls on public libraries are even more critical now that information is regarded as substantial factor of production. A nation's wealth is

determined by the volume of information that flows in and out of that country. In every facet of human life, be it social, economic, political, health, little or nothing could be achieved in the absence of valid information. Consequently, Adeoti-Adekeye (1997) affirmed that in the modern era, information has become a critical resource to the well-being of individuals and organizations.

As great information providers, public libraries has central role to play in the provision of timely and adequate information for the promotion of healthy ageing programmes in Africa. Corroborating this, Aina (2005) observed that in health care settings, information is needed to support decisions relating to:

- Promoting wellness, preventing illness and curing diseases
- Monitoring, evaluating, controlling and planning health care resources
- Formulating health and social services policy
- Advancing knowledge through research, and disseminating knowledge through education.

To improve the life expectancy and good health of the current and future generations of older persons in Africa, educational and environmental interventions have to be applied. Educational interventions place great premium on exchanging information and ideas at national and international levels. Public libraries therefore, stand to play the very significant roles toward healthy ageing in Africa.

Much as some public libraries in African would want to key into these roles, several challenges face the libraries. Most of the collections on healthy ageing are presented in formats alien to the local environment. Languages of presentation are

equally foreign with English, French, German; Spanish dominating the entire resources. For this, it is difficult for any public library to have linguists that can help in repackaging information from all the materials. This situation poses challenges of comprehending the content of the materials by the librarians and users. The fact that public libraries can acquire these materials and not renders them usable by their clientele mitigates their role efficiency.

The absence of policies on healthy ageing in many African countries depicts` the extent of governments' lip services to health programmes in the continent. Some that have do not pay serious attention to its execution or do not have the requisite expertise to make its existence and practice robust. These are behind the call of United Nations organization (UNO) by some African countries like Mauritius South Africa, Kenya, Cameroon and Zambia to help in setting up such programme. In these regards, public libraries are also handicapped in playing their role with utmost precision.

Public libraries in Africa suffer from poor financial assistance in many African countries. The funding of public libraries has been entirely left in the hands of governments. Poor funding has drastically incapacitated public libraries from attaining role performance expectations. In Nigeria for instance, Opara (2008) noted that the bane of public libraries is poor funding. He further stated that every other problem confronting them emanates from that. Such problems include poor collections development, absence Internet connectivity, low ICT skills of librarians, inadequate library environment. No library can go beyond its budgetary provision. Opara (2008) quoted Rasmussen as stating that the state of libraries including public libraries in Africa is bleak and that resources no longer meet even the basic needs of users. In this situation, meeting the health

information needs of the elderly population is usually secondary in the priority list of the public libraries.

The existence of poor reading habit in Africa is another challenge. The young and the elderly population have little or serious interest in reading and therefore care less to visit libraries. This reason strongly attenuates the public libraries visions and mission for the ageing and the elderly people.

Strategies for Health Information Provision

Acquisition of Health Information Resources: The fact that ageing, old age and staying healthy impact so much on the socio-economic development of individuals as well as states, make it necessary that public libraries should stock materials (books, journals, newspapers, pamphlets, newsletters e-resources, etc.) on health and healthy ageing. These materials should be collected from different countries around the world for general information on healthy old age. This is to show the elderly people in Africa what was there in the world as well as connect them to other people and places outside their locations (Mc Vey and Long, 2006). These resources would provide them the required knowledge about healthy ageing. In this manner the elderly Africans learn to age well by watching what they eat and drink, and how to get involved in regular exercise. Elaborating on this, Satpathy (2008) observed that public libraries must provide its users the world's best thought giving reliable information in an unbiased and balanced way, on as wide a variety of subjects as will satisfy individuals' political, social and health aspirations.

Repacking of Information: This is another veritable role which public libraries usually play to promote healthy ageing and reduce the effects of old age in many

developing countries. Information repackaging is inevitable partly because of the collection of materials from different countries and languages, and partly because of the number of illiterates that are to use the information. To enable elderly Africans to extract usable and useful information for their healthy ageing, public libraries are greatly involved in information repackaging. According to Ugwuanyi and Ezeani (2010) information repackaging is the selection of appropriate materials and the processing and presentation of the information therein in more understandable, readable, acceptable and usable forms with a view to making it more appropriate to the users. It is the repackaging of what has been packaged by changing the format and, or the language. If people are not properly informed about the possibilities for improving health or if information is given in a way that is not readily comprehensible, they will be deprived of the freedom of choice. The aged population can as well be exposed to many disabilities and untimely ageing. Enough information obtained through repackaging will help the elderly population to make wise health decisions and choices.

Creation of social support environment: Public libraries should encourage closer social interaction among the elderly people and create harmonious relationship among them. In libraries closer interaction between the elders and the youths emerges and helps them to realize their problems and appreciate the good contributions each group makes to the enhancement of life expectancy. As grassroots information agencies, public libraries pull divergent people together and provide a very friendly environment for social integration and relaxation for all age brackets. This leads to the emergence of social support which is vital for healthy ageing. Health Canada (2002a) cited in Levine, Idler,

and Prath as observing that engaging in healthy behaviours and receiving social support are for most people critical factors contributing to healthy old age.

Provision of Current Awareness Services for the Elderly: Public libraries market their services, researches and other holdings which they offer in terms of healthy ageing and old age. Marketing in libraries like in every human endeavour has to do with the creation of awareness of the available goods and services through publicity so as to enhance the demand of those services. According to Gobinath (1988) marketing in library has the following three-tier processes:

- An economic activity wherein productivity of information access and usage is studied.
- A social process wherein information is activated to serve a set of social activities.
- A managerial process as it helps in controlling information flow.

In providing current awareness services, libraries try to pack specialized health information that targets making sure that they do not doubt the usefulness of their regular visit to public libraries. The process of consulting the packaged information exposes them to latest trend in managing their health at old age. This is to interact with different writers on the process of healthy old age. To achieve healthy ageing, interaction with others, and participation in regular activities that give meaning and excitement in life are necessary. Visiting friends, maintaining some forms of regular physical activity, and enjoying increasing leisure time contribute to healthy ageing and a better quality of life as people age (WHO, 2003).

Advisory roles in formulation of national policies on healthy ageing

Public libraries are established by the public to assist governments in their developmental projects and to help enlighten the governed on issues of local and global importance. As a result, they ought to advise governments on the formulation of healthy old age policies as obtained elsewhere. Governments should adopt policies in order to encourage the elderly people to stay physically active, remain socially connected in later life, establish healthy eating pattern, and have access to health care and to refrain from risky behaviour such as smoking (WHO, 2002)

Information Extension Services: Information extension service is another important way of promoting the health literacy of the elderly group in any society. This implies a kind of information extension programmes targeted at the old people in a particular community. Apparently, there some elderly people who live in very remote communities who find it difficult or even impossible to access health information from very few existing public libraries. Through the use of mobile library services, lectures, film shows, workshops, talk shows, seminars, teaching, demonstrations, etc are organized to enrich the elderly people for healthy living and ageing. Through these programmes, they are encouraged not to lose interest in the joys of life. Since ageing is a lifelong and natural process of physiological and psychological changes, public libraries help them to continue to be fully functioning, active and productive members of their communities. Library outreach helps to attack at the grassroots some prevailing superstitions that deter some elderly Africans from visiting hospitals and taking certain body-building foods.

Recommendations

For an enhanced actualization of the public libraries' role toward healthy ageing in Africa, the following recommendations have been considered.

Adequate funding of public libraries: The funding of public libraries should not be left in the hands of state and local governments alone. Non-governmental organizations, individuals and companies should be called upon to assist in funding of the libraries. This will enable them to carry out their objectives, especially as it concerns the healthy old age of the elderly people.

Employment Librarians with background in linguists: This is important from a sustainable repackaging of information from foreign languages resources. Librarians should have very good understanding of foreign languages to perform this function. This is to make the information clearer to the elderly users.

ICT Application in Public Libraries: Without internet connection no public library can provide enough materials as may be demanded by the users. It is therefore very imperative that African public libraries should provide ICT facilities to support internet connectivity. In addition to this librarians should be trained to acquire ICT skills for efficient library services delivery in an electronic library environment.

Provision of adequate accommodation in the public libraries: Though the present day electronic libraries may not require large spaces, it is important for public libraries to have spacious accommodation because they are community based. This helps create more interaction among the elderly population since film shows, lectures, seminars, workshops, talk shows etc, are to be conducted there. The elderly people need large space in the libraries for meeting teachings and demonstrations on such things like healthy eating, taking exercises, among others.

Conclusion

Healthy ageing is very essential in many societies particularly African that has a high regards for old age. African health burdens have been found to impede healthy ageing in the region. Development indicators show that Africa remains the least in health and medical facilities which should be a catalyst for healthy ageing. Health information dissemination is very good method of promoting healthy ageing. Unfortunately public libraries that are in vintage position to provide adequate and timely information are not properly funded. Strategies which the public libraries could adopt to provide timely and adequate information have been articulated and discussed. If the African leaders provide the enablement for the public libraries to adopt these strategies, health information dissemination in Africa would be well improved to international standard and with this, health ageing in African countries is ensured. A region with such health burdens needs to develop good health and information policy required to address the health challenges. Since public libraries offer free access to information and services to all people irrespective of age, educational status and sex, they should be better reinforced for more successful dissemination of health information to the elderly population. If Africa reinforces her public libraries to become more efficient in information generation and dissemination, and add to the substantial impact of the existing extended family system, Africa will be better off in enhancing healthy old age.

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