Cultural Influence on Health Information Seeking Behavior among Rural Dwellers in Atakumosa West Local Government Area of Osun-State

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Introduction

This study is a desk top study. The method used for this study is literature review and theoretical analysis. Inferences were drawn from existing records and literature to establish the cultural influence, on health information seeking behavior, among rural dwellers, in Atakumosa West Local Government Area of the State of Osun State Nigeria.

Health information services play a critical role among the individual in ensuring a healthy society, rural habitants inclusive. But much studies have not being reported about the negative and positive of cultural influence on health seeking behavior among rural dwellers in published literature specifically from Health information manager point of view, hence this article was written to explore those influence and how they interfere with health seeking habits. Health information needs of the rural dwellers are of central concern to providers of health information services and health workers generally especially those working in rural communities. The ultimate goal of any health information retrieval system in a rural setting is to supply and deliver the health information, which can precisely match the health information requests or requirements of the rural dwellers. It is beyond doubt that the success of the health information service is more likely to be achieved by adjusting the services to meet the specific needs of an individual rather than trying to match output of the health information systems (PRASAD, 2014).

Health information, according to Ayede (2006) is a mechanism for the collection, processing, analysis, and transmission of information required for organization, and operating health care and research services. He further said that the primary objectives of health information system is to provide reliable, relevant, up-to-date, adequate, timely, and reasonably complete information, for health managers at all levels of health care delivery system. Fatiregun (2006) opined that health information is a combination of people, equipment and data collection and processing methods, coordinated to produce information in support of planning, decision making an management of a health care system. In support of this, Parkins (2000) argued that there is a variety of life event information, available on the internet, such as illness, caring for an older parent, bereavement, death and diagnosis, the health information managers are the important link in keeping and maintaining such information, and within the health sector, the choices made in the collection and use of information will determine the system’s effectiveness in detecting health problems, defining priorities, identifying innovative solutions and allocating
resources to improve health outcomes. Rural dwellers is a term used to, refer to human social interaction in a local community or a primitive setting. Such community is made up of a group of co-operating individuals, be it a family, clan, village, town or city, in a specific geographical area. In this respect good people of Atakumosa West Local Government Area, could be referred to as rural dweller or people living in a rural setting.

The present Atakumosa West Local Government area of Osun State has its headquarters at Osu. It was created in 1976, in a bid to implement the 1976 local government reforms exercise, of the Muritala/Obasanjo regime and Atakumosa West local government area is one of the thirty local government areas in Osun-State; with the headquarters at Osu along Ife-Akure highway. The local government is largely rural and is made up of eleven Health Districts (11 wards). It has a total population of 310,050, according to 2006 population census. There are thirty (30) Health Centres in the Local Government Area. The Health Centres are evenly distributed to cover all health districts within the Local Government Area for health care, and health information services. The rural dwellers of Atakumosa West local government area are predominantly Yoruba (Ijesha by dialect) and their main occupation is farming, while other occupation like bricklaying, blacksmithing, carpentry, trading, mechanics, and wielding exist in various degrees. It is also pertinent to note the existence of a large percentage of its inhabitants from kwara, Ondo, Edo, and Delta States, who came to settle as farmers on her fertile soil. The local government area comprises of fifty two (52) towns and villages. Hence, it could be inferred that; people of Atakumosa West Local Government Area are complete rural dwellers (Omole, 2008).

In any rural community, it assumed that there is always an organization, structure, controls and acceptable body of belief and a system of values. Rural dwelling is as old as the origin of human existence itself. Once human beings come together and live in a place based, on some socio-cultural affinities, and acceptance of a measure of control by the community, rural dwelling comes to be. Culture is an important element in the existence of any rural community. Based on this assumption, this paper examined, the cultural influence, on health information seeking behavior, among rural dwellers, in Atakumosa West Local Government Area of the State of Osun.

Culture

Nwalo (2010) described culture as a cohesive force holding society together. It could be used in the widest sense, to include all the learned habits, the total way of life of a social group,
or a group’s social heritage. A more elaborate description by Malinowski (1982) as reported by Nwalo (2010) states that; culture is partly human, partly spiritual and partly materialistic. In its humanistic aspect, culture consists of ideas, values, knowledge, philosophy, laws, morals, and so on. In its spiritual aspects, it consists of a system of beliefs and religious practices. In its materialistic aspect, it consists of artifacts and consumer goods; made by man as opposed to things found in nature. Culture is a distinguishing factor between man and man. The above conforms with the opinion of the national cultural policy (2006) which defines culture more conceptually as the totality of the way of life evolved by a people in their attempts to meet the challenge of living in their environment, which gives order and meaning to their social political economic, aesthetic, and religious norms, and modes of organization, thus distinguishing a people from their neighbors. The policy stated further that culture comprises the following:

i. Material aspect – artifacts, in its broadest form (tools, clothing, food, medicine, utensils, housing, and so on).

ii. Institutional aspect – political, social, legal, and economic structures erected to help achieve material and spiritual objectives.

iii. The philosophical aspect – concerned with ideas, beliefs and values and,

iv. The creative aspect – concerned with the people’s literature (oral or written) as well as their visual and performing arts, which are normally molded by, as well as help to mould other aspects of culture.

Therefore culture involves the ability of man, through his creative energy, to build on selected historical legacies, as well as innovate and invent new ideas through health information seeking behavior that will promote their wellbeing in the face of new challenges of life.

Health Information Seeking Behavior

Osundina (2012) Submitted that, health Information involves all the tools techniques and devices used for recording clear, concise, and accurate history of patient’s life, and illness, written from the medical point of view, including the significant characteristics of a patient and the events occurring in the course of professional care for the purpose of providing the best medical care to the patient, teaching, research, medical care evaluation studies, community health services, and legal requirements. He added that, for health information to be completed, it
must contain sufficient information written in sequence of events to justify the diagnosis, and warrant the treatment and the end result.

Health information includes health records that documented the health care series provided to a person, in any aspect of health care delivery system. The quality of health care services in any community depends on proper management of health information, therefore, efficient, effective and result oriented health care delivery service to the rural population, is dependent on a good health information system, storage, and preservation (Omole, 2013).

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 (Angela, 2005). Health information managers, play critical role in healthcare delivery, among rural dwellers through their focus on the collection, maintenance and use of quality data, to support the information – intensive and information – reliant health care system. They work with epidemiological data to plan information systems, develop health information policy, and identify current and future health information needs of the rural dwellers in their catchment area (AHIMA, 2012)

**Rural Dwellers**

Rural dwellers are usually the society of non-literate and so, depended on memory for records. For example the palace drummers and Ballad singers were responsible for the preservation and transmission of certain categories of tradition. The rural dwellers are also known to lack economic infrastructure services. Even when some of the services exist in rural communities, the poor people do not have access to them because of poor economic status that prevented them from being able to afford them (Popoola, 2011). Several studies conducted in Nigeria, reveal that about 70% of Nigeria’s population lives in rural areas and over 75% of them are illiterate. One of the surest ways of promoting the standard of life among rural dwellers is the provision of useful, reliable, and appropriate health information through an acceptable health information services at the grassroots.

Aina (2006) opined that Rural Dwellers are characterized with diverse group such as; non-literate famers and craftsmen and women, semi-literate artisan and traders, civil servants, teachers, health workers, and other professionals, chairmen and councilors, some literate people, 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, including primary and secondary school students.

The above indicate the diverse nature of rural dwellers, and health information needs of individuals, groups, organizations, and communities, will necessarily differ from person, to person, group, to group, organization, to organization and from one community, to another within a specific local government area.

**Cultural Practices Affecting the Health of Rural Dwellers**

Cultural practices, affect health information seeking of rural dwellers (negatively or positively) depending on the prevailing practices and their health information needs. People’s health considerably affects their scientific and economic development. It is the combination of these three levels, which are interrelated and intertwined, that determine the people’s wellbeing, life expectancy, growth and development at any point in time (Ojua, Ishor & Ndom, 2013).

**Positive (Health Promoting) Cultural Practices;**

- Exclusive breast feeding practice between the first six (6) months to one (1) year after birth is a common practice among mothers in Atakumosa West Local Government. This facilitates healthy growth of their children as breast milk is far better than any other food, a child can receive within this period.
- It is common practice for women who just delivered to be placed on special diets. This, in common opinion of rural dwellers, helps the woman to regain lost nutrients during pregnancy and delivery and this really does.
- Sexual abstinence during lactation is also widely practiced because of the belief that a woman is not fully pure at this time. This practice helps in child-spacing and family planning.
- Wrestling combat is also embarked upon by the youths, when it is not farming season. This promotes physical activity and healthy body.
- Environmental sanitation is practiced in every community in Atakumosa West local government area. Early morning weeping of house and compound by both men and women is encouraged, to promote health. Also communal efforts are usually facilitated by youths, for clearing of public premises such as; health centres, markets, palaces, churches, mosques, and schools, to ensure a neat and clean environment. This improves the health status of the dwellers in the community.
Negative (Disease Prompting) Cultural Practices;

➢ In some villages, within Atakumosa West Local Government Area, during circumcision of the children; it is a common practice to use cow-dungs and snail water to clear the newly circumcised private parts of their children, this may cause tetanus infection, caused by bacterium called “clostridium tetani”.

➢ There are cultural beliefs that children are usually not given foods like egg, meet, juice, etc. for fear that they will become thieves, witches/wizards, this may lead to a disease condition known as kwashiorkor, which is a direct result of lack of protein in the body system.

➢ Also scarification, tribal marks and early marriage practices are the order of the day in some communities within the local government area. The early marriage syndrome usually results into some cases of vesico-vaginal fistula (VVF).

Having identified some of the harmful and the beneficial cultural practices, their influence on health information seeking behavior of rural dweller is the purpose of this article.

The Influence of Culture on Health Information Seeking Behavior of Rural Dwellers

Abasiekong (2010) reported that “culture is that complex whole, which includes, knowledge, belief, art, morals, law, customs and any other capacities and habits acquired by man, as a member of the society” culture in its simplest form and for the purpose of this paper, can be said to be the way of life of a people. Health on the other hand is defined by world health organization (WHO), “as a state of complete physical mental and social wellbeing, and not merely the absence of disease of infirmity”. While information is defined by, Popoola (2013) 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). The recipient of the information (idea) communicated, is expected to give a corresponding response to what has been communicated to him / her.

Therefore health information is the aggregation of data, facts, and ideas on human health and illnesses, to provide knowledge or intelligence. It reduces the user’s level of uncertainty on a particular decision making about issues concerning their health. Ojua, Ishor and Ndom (2013)
describe “health information seeking behavior as any action undertaken by individuals who perceive by themselves to have a need for health information, for the purpose of filling a specific knowledge gap, towards finding an appropriate remedy to their health problems”.

Rural dwellers’ ideas, and attitudes, toward health and illness, affect the way they seek for, and utilize health information. Because health information seeking behavior involves all those things people do, to acquire and use health information to prevent diseases, and to maintain health. The cultural factors that commonly affect the way rural dwellers sort for health information in Atakumosa West Local Government Area, of Osun State, are multi-varied and hence, produce different results and spread of different diseases and infections among dwellers. Some of these factors are;

**Religious Beliefs:** Everywhere, the quest for health information easily shades into issues of morality and religion, which play a significant aspect of social life. It is the thoughts of rural dwellers that all living things including man are linked in harmonious relationship with the gods and the spirits, such relationship is ascribed to vital forces which each entity generates. A state of health exists when there is perfect harmony between man and his environment (Abia, 2012). This belief is inherent in all religions (traditional, Christianity and Muslims) at one point in time or the other (Omotosho, 2010). The popular notion here is that people do not just suffer illness by chance; serious illness is believed to have its primary origin in a supernatural cause. The people see the parasites as secondary causes. This makes them attach less importance to seeking health information at the available health service delivery point in their community.

**Traditional African Medicines:** This has been with the rural dwellers for generations and also for the fact that orthodox medical facilities, where appropriate health information could be accessed, are often in short supply and expensive, the people’s approach to ill health is first turned towards patronizing the easily accessible traditional African medicines. This is the reason for the limited urge; the rural dwellers of Atakumosa West Local Government have for seeking health information in the health facilities around them.

**Denial for Reality:** Majority of the rural dwellers (like Atakumosa West local Government) are at variance with reality, when it comes to treatment of chronic diseases, such as diabetes mellitus, bronchial asthma, hypertension, arthritis and epilepsy (Obot, 2012). Whenever people envisage that treatment outcome may be unsuccessful, during critical illnesses like cancer, coma, tetanus, and babies with congenital abnormalities, they become biased about seeking for health
information as a remedy to their health problem, so they decide to go home most of the time against medical advice, from hospital to seek alternative solution, with the hope that the alternative can restore life.

**Resistant to Change**: Rural dwellers belief in adoption and use of old and obsolete norms, on issues concerning their health. They attach less importance to the use of health information, due to their attachment to the primitive way of doing things.

**Ethnic Diversity**: There are people from Edo, Delta, South East, and Northern States, among the rural dwellers (such as Atakumosa West Local government) in which language barrier act as impediment, during the health information seeking, activities of these categories of people. (Ojua, Ishor & Ndom, 2013).

**Meeting Health Information Needs of Rural Dwellers**

Health Records Managers are health care professionals that are responsible for the practice of maintenance and care of health records by traditional and electronic means in hospitals, health centers and clinics, health insurance companies, and other facilities that provide health care services, or maintenance of health records. They facilitate health information services through collection storage, use and transmission of health information to the appropriate users (AHIMA, 2012). Meeting the health information need of diverse individuals and groups in rural communities is a challenge for health information managers. They have a duty to identify and maintain contact with constituents, having a variety of health information needs, and in assessing community need; efforts should be made toward evaluating the diverse nature of the rural dwellers in the community they serve. Such community analysis includes:

- Identify specific population group
- The languages that they speak
- The health issues affecting their lives and their preferred method of obtaining health information

Health information managers’ efforts have improved access to health information by rural dwellers, through development of various strategies to improve health information services in health care institutions in the rural communities. Such efforts include:

i. Programming and partnering with community based organizations

ii. Understand how materials are being used, and what materials need to be developed, in order to meet the health information needs of our rural dwellers.
iii. Identifying and defining communities life style  
iv. Strengthening the outreach to communities  
v. Identifying the information need that impact the health of rural dwellers  
vi. Locating and promoting the development of relevant health information  
vii. Understanding further roles for other health care providers, serving rural dwellers consisting of diverse population. (Kristine & Barbara, 2004)

Conclusion

Re-designing and reshaping the health information seeking behavior of rural dwellers towards meeting their health information need in order to improve their health status are of central concern, to health information managers, serving in rural communities. Cultural practices that promote health should be encouraged among the rural dwellers, and those that promote diseases and illnesses should be abandoned through seeking of relevant health information, and the health information managers should provide guidance to the rural dwellers in making choices and decisions with regard to their health priorities and strategies through health information, communication and education.

Getting in touch with rural dwellers to assess their health information seeking behavior is absolutely essential. Health information managers are to facilitate, care, custody, development and distribution of materials. Once community contacts are established staying in touch, and explaining developments in the collections and services are essential for sustainability. Therefore, community outreach services should be strengthened and rural dwellers that are not literate may need to be directed to audiovisual materials, and people with language difficulty, be referred to in-person services with interpreters or native speakers