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HEALTH INFORMATION NEEDS FOR THE AGED IN THE SOCIETY

The Aged are people that have advanced in years who often suffer from impaired physical or mental health. They may be referred to as senior citizens, elderly people or old people. According to World Population Ageing Report of 2015, the figure of the aged is increasing rapidly than those people in any other age cluster in the society which has resulted in increased proportion of older people in the total population virtually everywhere. Though the ageing population appears to be totally universal event and fact, the process seems to affect some regions than in others. As simply put by Mayan Family (2017), the survival of these dozens of people is always at stake because few people are available for the care of their bodies and minds. The majority of advanced countries of the world have acknowledged, designated and delineated linear and sequential age of 65 years as old age and people of that age are classified as aged (WHO, 2015). Ageing has started affecting human race because according to United Nations Population Division (1998), there has been an increase rate of survival to the older ages as well as reduction in the numbers of birth especially in the developed countries.

It is well known that the world's population is ageing, with more developed regions leading this trend. This ageing process begun a century apart between countries that had witness development early and only getting gradually in progress recently in many countries where the development process is on-going or totally underdeveloped. This is due to increasing survival to older ages as well as smaller numbers of birth (United Nations Population Division, 1998). In some parts of Nigeria, most frail elderly people lived in the community supported by family and friends. In the United States for example, the senior citizen amounted to 39.6 million which signified 12.9% of the U.S. population, about one in every eight Americans. It is has been estimated that by 2030, there will be about 72.1 million older persons, more than twice their number in 2000 (U.S Department of Health and Human Services, 2012). According to Kirsty and Richard (1980), the aged population in Australia increased by 25% between 1966 and 1976 when the population as whole had a growth of 21%. The aged are subjected to lack of vital, crucial and fundamental support for food, personal and medical care due to desertions and rejection by people leading to malnourishment, anaemic, starving, and suffering from geriatrics diseases. In the present day

aging, living long could not be regarded as enough save there is associated great and lofty quality of life which can hardly be achieved without quality information.

Information satisfies curiosity, general interest, learning and self-education. Personal identity, integration, social interaction and entertainment are other usefulness of information. Everyone in the society needs information to function well because it is the underlying resources for sustainable economic, political, communal and social development. It is a crucial factor for a healthy life which is needed to facilitate effective healthcare management. Bruce (2005) states that, "information plays a significant role in our daily professional and personal lives and we are constantly challenged to take charge of the information that we need for work, fun and everyday decisions and tasks". This is supported by the outcome of the study done in Edo Central senatorial district in Nigeria by Osaze, Dennis, Nelson, and Uche (2016), in which out of the five information needs indicators assessed, 98% of the respondent indicated that they preferred sound health condition above pension/financial needs, government policies, current affairs, and transport among others. To discourse the health challenges of senior citizen within a given civilisation, introduction of efficient and effective information systems to aid the aged people in keeping, preserving and refining their excellence of life. A thoughtful of components of aged information need and available sources of information is required. There is dearth of literature on the health information needs of the aged people, and the topic has been poorly investigated by the researchers (Zou & Zhou, 2014), hence the reason for this paper

There are many models of needs among which is Abraham Maslow hierarchical needs model which was introduced in 1942. This Model according to McCarthy (2011), when applied and explored would contribute significantly to the quality of Health Life for the aged. Right information about these needs will assist enormously in helping the elders in achieving self-satisfaction, self-fulfilment self-actualisation, and self-determination, among others. Further evaluation of the model shows that the elderly would need health information on:

Information on Psychological Health Needs: These are set of health information that are rudimentary prerequisite for enhancing and adopting quality live ranging on the type of foods to be taken, diet supplements, drinks, shelter and suitable ventilation, resting, sleeping, exercise, regular medical test, prompt report in the health facilities in term disease, injury or any other infirmity. This needs address the preservation of Human body. Health educators may need to pay special attention to provision of information on some "do it yourself" to decrease the elderly dependence on people which might not even be available to them.

Information on Health Security Needs: Availability of information about security requirements is the next necessity in Abraham Maslow hierarchical need model. This need becomes essential because most of the elderly are often left alone at home exposing them to different dangers from intruders, domestic injuries, and lack of prompt access to health care. In order for the aged to safely keep and religiously guard their health, appropriate information is germane as regards those activities that could jeopardise their general wellbeing and could cut short their already distressing life.

Social Needs: Loneliness is one of the prominent challenges associated with the aged. The elderly are often left isolated with little or no interaction with friends and family members. Some are even incapacitated to go out, while some are bedridden or some can hardly walk unaided. Social needs include acceptance by others through exhibition of love, intimacy, affection and comradeship. The elderly could be freed from this restriction or prison-like situation with adequate information on community organised social function for those members of this group while family and friends also organise similar social gathering purposely to cater for their elders. Social networks such as Facebook, BBM, WhatsApp among others could serve as medium of information sharing among old people.

Self-Esteemed Needs: Everybody, the elderly inclusive, appreciate recognition and would want people to acknowledge and value their significant contributions, ideas, capabilities, their strength within the community they live. Absence of this may compound their already complex problems and decrease their mental alertness, cause depression or other mental disorders. Health educators may have to work with the aged on activities, plan and development to enhance the self-esteem of the elders. Such scheme may include self-esteem augmenting projects which may include autobiography writing, creating and maintenance of heritage autograph, initiating kinfolk's documentation among others.

Self-Actualisation Needs: This needs have to do with realization of individual potentials and the ability of fulfil them. This is the highest level of hierarchical needs as designed by Abraham Maslow. It pertains to recognizing what one can do and the willingness to do them. This status is schemed for comparatively uncommon individuals among the community who always problem-solvers rather than fault finders. The aged by default are expected to achieve self-actualisation but are often deprived of this achievement due to health challenges. Health educator may have to enlighten the elders on geriatric health maintenance culture in order to comprehend their personal potential, track their talent, self-fulfilment, peculiar progression, ultimate experiences, creativity among others.

According to StarlightCaregiver 2017, briefly description of a myriad of common diagnoses that the aged need to learn about for themselves or their loved one include Alzheimer's Disease, Amyotrophic Lateral Sclerosis (ALS), Arrhythmia of the Heart, Arthritis, Atrial Fibrillation, Autism, Bedsores (pressure ulcers), Bipolar Disorder (Manic-depressive illness), Cancer, Cataracts, Cholesterol, Chronic Kidney Failure, COPD, or Chronic Obstructive Pulmonary Disease, Diabetes, Fibromyalgia, Glaucoma, Heart Disease, Hepatitis, HIV/AIDS, Hypertension (High Blood Pressure), Hyperthyroidism (overactive thyroid), Hypothyroidism , (underactive thyroid), Irritable Bowel Syndrome (IBS), Urinary Incontinence, Inflammatory Bowel Disease (IBD), Chronic Kidney Failure, Leukemia, Liver Failure, Acute Liver Spots (Age Spots), Lupus Lymphoma, Hodgkin's (Hodgkin's disease), Lymphoma, Non-Hodgkin's, Macular Degeneration, Dry Melanoma, Skin Cancer, Multiple Sclerosis (MS), Obstructive Sleep Apnea, Osteoarthritis, Osteoporosis, Pancreatic Cancer, Parkinson's Disease, Periodontitis, Pneumonia, Post-traumatic stress disorder (PTSD), Rheumatoid Arthritis, Staph Infections, Stroke, Thrush, Oral, Transient Ischemic Attack (TIA), Tuberculosis (TB), Ulcerative Colitis, Vascular Dementia and Vertigo. Accessing information on these may aid in preventing them from suffering from any of them.

Information accessibility implies the ease with which the required information is reachable at the right place, to the right users. Access to information lifts individual from the state of ignorance, illiteracy and poverty to a state of enlightenment, posterity and literacy. Information accessibility is considered by Bartlett and Toms (2005) as critical in the background of a goal-targeted problem solving information. According to Adebayo (2017) health information accessibility can be achieved through interpersonal interaction which could be via Health Care workers, Colleagues, Peer group, or electronic sources which include television, internet, radio, or institution sources such as hospital, NGO's, information Centres, or print source which comprises books, Journals, leaflets, handbills. Kirsty and Richard (2013). In the developed countries, information accessibility has been given eminence according to the literature. Libraries are now having books on-wheels service for the non-ambulatory aged in private homes and hospitals, provide a social venue once a fortnight for the ambulatory aged, and also supplies books to a drop-in centre for the aged once a month. Others are large print books and books on cassettes. Moreover, Posters in doctors' waiting rooms, shops, Large-print pamphlets available in doctors' waiting rooms, shops, Visits by library public relations officers to places where the aged meet; discussions with welfare personnel and 'contact' people, Publicity in local papers, Radio publicity, Appointment of a Community Services Officer in our Health Institutions, A comprehensive

advisory service for the aged, Door-to-door canvassing to locate handicapped readers can serve as veritable sources of information to the elderlies. The aged can access health information through any of the above listed sources but acceptability and quality of information disseminated may play important role in information utilization.

People are said to use information when information acquired by an individual to satisfy an information need is actually put to use. People generally use information to exploit knowledge through study or experience or instruction for a particular purpose or to satisfy a peculiar condition. Information use by the aged are therefore seen to be associated with satisfying fundamental needs which will fill their gaps in understanding and solving their health problems. Osaze, Dennis, Nelson, and Uche (2016), the aged would use health information for understand their health better, get source of finance, make better life decisions, know how to do things easily, understand a particular situation, know more about government policies, to project future events, among others. Adequate information will surely take care of their psychological, social, security, esteem and self-actualisation health needs.

Summary

The aged suffer from impaired physical and mental health and they are increasing rapidly. A universal event affecting more regions than others. The aged need variety of health information needs so as to stay alive. These information needs cover psychological, security, social, esteem and self-actualisation using Abraham Maslow theory of needs. Moreover, information on degenerative diseases helps the elderlies to discover in time and seek appropriate medical advice before deterioration. The role of Information officers cannot be underestimated as the library services can be expanded to cater for the Aged information access sources and channels. If accessed information is duly utilized, the elders may relieve of their health challenges because Information adds to knowledge, reduces uncertainty and support decision making. Thus, comprehension and adoption of variety of information associated with aged health may enormously aid in solving the problem of the aged.

Conclusion

Aged are prone to loneliness, incapacity, geriatrics disease, degenerative diseases among other problems. The age require adequate information about coping with their present unavoidable but natural stage. Suitable information can be publicised and library services would employ the services of audio-visual presentation (slides and audio cassettes) positioned in unrestricted sites within a given community, for example, banks, town hall, cinema houses, palaces, among others. There is need for forward planning for a growing aged population, and of the attractiveness of a noteworthy role for libraries in the information

and relaxation service areas. Not only are these, any activities which maximise social interaction, connection and feelings of usefulness for the aged should be encouraged. Furthermore, the Government should create a Housebound and hospital services for her aged population as a matter of policy.

The Liberians should considered acquiring lists of books and films relevant to the aged; a directory of community services of special interest, Provision of reading aids such as magnifying equipment, page turners, A special section of the library, with books and information of interest, Use of aged volunteers in the library, and creation of discussion groups