INFORMATION NEEDS OF MEDICAL AND HEALTH PRACTITIONERS IN THREE LOCAL GOVERNMENT AREAS OF NIGER STATE.

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ABSTRACT

This paper identifies the information needs of Medical and Health Practitioners in Agaie, Shiroro and Borgu Local Government Areas of Niger State. It is a survey research, which used questionnaire as research instrument. The population comprisefl of Nurses, public Health Officers, pharmacists, midwives and Doctors working under Local Government Health Department as well as State Ministry of Health - but fall within the jurisdiction of the 3 LGAS under study. The study adopted random sampling technique. Findings revealed that there were more of public Health officers than other practitioners in the three (3) LGAS. Education and Training top the list in the aspects of types and sources of information needs, information seeking behaviour as well as level of satisfaction derived in seeking for Health information. Others findings include inadequate library and information centres as well as inadequate ICT facilities. As a way forward, the paper recommends that Medical/Health libraries be established in all the LGA Headquarters and be enriched with relevant and current information resources. The libraries should provide a specialized type of service e.g. current Awareness services with particular emphasis on selective Dissemination of information (SDI), Health establishments should be provided with ICT facilities, and be connected to the Internet.

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CONCEPT OF INFORMATION

Information can be defined as processed and organized data, which could be in different forms and sources. No organization or system can exist without information. Information is used in decision - making process. It is also used to enhance productivity in an organization as well as reduce uncertainties. Onwukanjo (2005). Information is therefore an indispensable, essential commodity or ingredient in moving any organization forward. An information user in this case could be student, teacher, lecturer. researcher, Medical/Health personnel, farmer, trader etc. Information users have varying needs more especially where we have heterogeneous population. For example information needs of medical laboratory scientist, may entirely be different from those of Nurses or public Health officer or Gynecologist. It is therefore necessary for library and information centres or any organization to strive to procure relevant, current and adequate information resources for users of information.

In order to perform effective function and to be productive, Health/Medical practitioners need up-to-date and adequate information. It is surprising that much are yet to be known concerning the information needs of these practitioners in Nigeria at large and Niger State in particular.

REVIEW OF RELATED LITERATURE

The Niger State statistical year book (2002) revealed that there are 7 General Hospitals, 5 rural hospitals, 6 Rural Health centres and 57 maternity Health centres in 25 LGAS of Niger State. Statistics shows that there are 7 14 primary Health *care* dispensaries, 3 leprosarium and 67 Rural Health Centres in 25 LGAS. There are 75 doctors in General hospitals, 3 in Rural Hospitals and 4 in Rural Health centres. There are non in other Health establishments.

Ajayi (2003) studied the primary Health care workers in some selected

local Government Areas in Nigeria as regards the accessibility to ,health information. It was discovered that 77.9% and 74.9% respectively needed information of SARS and that of HIV / AIDS respectively. In the area of information sources, it was discovered that "discussion with colleagues" top highest with 200 response rate which represent 76.1 %. As per accessibility to Health information, 135 (51. 3%) respondents claimed "Not Accessible".

Victor (2004) observed that 91.07% of laboratory Scientists consult textbooks and monographs. In the area of frequency of library use, 38 (67.87%) respondents claimed to use library at least once a week. The findings showed that over 50% respondents reported the need for user education programme. The study carried out by Onu (2005) may not be far from the studies of Ajayi (2003) and Victor (2004) as Onu (2005) delved into the study on "using Newspapers to satisfy the information needs of reader at the Federal Polytechnic Library - Nekede" - among the aspects studied were the specific topics sought in newspapers by respondents", thus: Medical and Health News, medical enlightenment, HIV/AIDS information, Health matters, Healthy Living, first Aid treatment cares, family Health matters, Environment and Sanitation News".

OBJECTIVES OF THE STUDY

(i)   To determine the areas of information needs of medical practitioners under study;

(ii)   To determine the various sources by which practitioners meet their information needs,

(iii)   To determine the information seeking behaviour of practitioners, under study,

(iv)   To determine the levels of satisfaction derived from the sources and strategies adopted in seeking for information.

(v)   Identify problems (if any) militating against meeting the information needs of practitioners under study.

SCOPE OF THE STUDY

The study is confined to investigating the information needs of Medical and Health practitioners in Agaie, Shiroro and Borgu Local Government Areas in Niger State. They are practitioners working in Local and State Government-owned Hospitals, rural Health centres, dispensaries etc within the 3 LGAS understudy.

METHODOLOGY

Survey method was adopted for this study. The population for the study was the Medical and Health practitioners in 3 LGAS of Niger State. Random sampling technique was used in such a way that one LGA was randomly selected from each of the three (3) geo-political zones. Agaie LGA represents Niger south (zone A), Shiroro LGA represents Niger East (zone B) while Borgu LGA represents Niger North (zone C). As such the target population of 165 practitioners is randomly sampled so that different category of population under study is given equal chance of being represented. Questionnaire was the only research instrument used in data collection. A total of 165 copies of questionnaire were
administered to respondents not only in local government head quarters but also in various districts and villages by the Researcher and research assistants~ In each of the three (3) LGA chosen, 55 copies of questionnaire were randomly administered. This sampling technique and the administration of questionnaire may not be far from that of Aloli (2004).-

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Descriptive statistics was used in analyzing the data so collected. This involves the use of tables, frequencies and percentages.

DATA ANALYSIS

Out of 165 copies of questionnaire distributed to Health practitioners, 133 were received and found usable, giving a response rate of 80.61 %.

DEMOGRAPHIC DATA

Respondents' data on Gender was collected and analyzed below in table 1:

Table 1: Respondents by Gender

Sex	Frequency	Percentage (%)
Male	74	54.64
Female	59	44.36
Total	133	100

As can be seen from the table, 74(55.64%) of respondents are male practitioners while 59(44.36%) are female practitioners. This shows that more males are engaged in medical and Health profession than females in the 3 local Government Areas.

Table 2: Respondents by status

Rank	Frequency	Percentage (%)
Nurse	39	29.32
Public Health Officers	51	38.35
Midwives	31	23.31
Pharmacists	07	5.26
Doctor	05	3.76
Total	133	100

Out of 133 respondents, 51 (38.35%) are public Health Officers which comprise of Community Health Extension Workers (CHEW), Community Health Officers (CHO) and Public Health Supervisors. In every Local Government Area, Public Health officers are the majority. This cannot be far from the fact that majority of the Health establishments are owned by the Local Government (Primary Health Care department).This may account for this category of Health personnel's to be in majority. While Nurses were 39(29.32%) and Midwives 31 (23.31 %) respectively most of which are employed by the State Ministry of Health. The table shows that pharmacist were 7 (5.26%) and Doctors 5(3.76%). Most Hospitals, Rural Health centres have few of these practitioners

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Table 3: Area/Types of Information Needs

Areas/Types of Inf. Needs	Response Rate	Percentage (%)
HIV/AIDS	35	16.06
Primary Health Care	34	15.60
General Health Matters	12	5.50
Surgery	13	5.95
Education & Training	51	23.39
Govt. Activities/Programme	17	7.80
Environmental Health	16	7.34
Traditional Medicine	15	6.88
Telemedicine	09	4.13
Maternal & Child Health	16	7.34
Total	218	100

NB: Frequency in table 3 above cannot rhyme with the response rate of 128 as in Tables 1 and 2 because a respondent could indicate more than one type of information Need.

From the above table, it has shown that the response rate was 218 with Education and Training having 51 (23.39%) response rate. This implies that, Health practitioners attend conferences, seminars, workshops and courses so as to discover new ideas on Health matters.

Next to this was HIV / AIDS with 35(16.06%) and primary Health care with 34(15.60%) responses rate. The least was Telemedicine with 9 (4.13%) response rate showing that Health practitioners do not use Iet to receive and

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exchange ideas on Health matters.

Respondents were requested to indicate by ticking, various sources by which Health information can be obtained.

Table 4: Sources of Health Information

Sources	Response rate	Percentage (%)
Newspaper	03	2.11
Library & Inf. Centres	24	16.90
Radio /Television	14	9.86
Conference Seminar and Workshop	50	35.21
Discussion with colleagues	18	12.68
Hospital/Patents Records.	33	23.24
Others	-	-
Total	142	100

Closely related to table 3, conferences, seminars and workshops top the list out of 142 total response rates. It has 50 (35.21 %) response rates as the chief source of Health information. It is only through attending conferences, workshop and courses that Health practitioners update their knowledge. Next to this was that Health information can be obtained through Hospital/patient records with 33 (23. 24%) response rates. They are records that contain the nature and symptoms of sickness as well as prescription made. They are records which can be referred to whenever the need arises. Library and Information centers received 24 (16. 90%) response rates. This shows that there were inadequate or nonfunctional libraries for Health practitioners to visit and consult information resources.

The response rates as per discussion with collogues was 18 (22.68%) which is contrary to the findings of Ajayi (2003) that observed higher response rates in terms of discussion with colleagues. It was discovered that Radio/Television 14 (9. 86%) and Newspaper 3 (2. 11 %) were not accorded recognition, probably Television and Newspapers are mostly found in urban centers and that majority of practitioners work in rural areas, despite the fact that there is usually a programme on Nigerian Television Authority (NTA) titled "Health Report" on Thursdays between 9:00 and 9:30amat the time of this study.

Table 5: Information seeking Behaviors

Strategies	Frequency	Percentage ($\%$)
Visit to library	24	16. 44
Browse Internet	05	3.42
Discussion with colleagues	28	19.18
Research	15	10.27
Attending conferences, seminars, workshops & courses	59	40.27
Use of ICT	15	10. 27
Others	-	-
Total	146	100

NB: there are 146 response rates because a respondent may ticks more than 1 options.

Respondents were asked to tick various strategies when seeking for Health information.

Education and Training otherwise known as conferences,

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seminars, workshops and courses top the list with 59 (40. 41%) response rates. Practitioners are of the view that the only way to seek for reliable, relevant and current Health information is through Education and Training. The data revealed that 28 (19. 18%) respondents claimed to seek for Health information through personal discussion with professional colleagues, which goes contrary to the findings of Ajayi (2003) in which discussion with colleagues top the list as per sources of information. Data in table 5 revealed low response rate on the se of ICT and research 15 (10.27%) each. This shows that practitioners don't make effort to embark on research either experimental /clinical or survey research. Use of ICT was not accorded priority because most practitioners are not ICT/Internet knowledgeable.

Table 6: Level of satisfaction derived from the source of Information Need/Information seeking behaviour.

N= 179

Sources/Inf. Seeking, behavior	High Satisfaction		Moderate satisfaction		Satisfaction		No satisfaction	
	F	%	F	0/0	F	%	F	0/0
Library & Information Centres	12	14.63	16	32	05	13.89	05	45.45
Newspaper	01		07	14	06	16.67	01	9.09
Inf & Comm. Tech. (ICT)	05	6.09	06	12	10	27.78	-	-
Radio /Television	11	13.41	05	10	01	2.78	-	
Discussion with colleagues	14	17.07	04	08	02	5.56	04	36.36
Attending Conf.	23	28.04	08	16	10	27.78	01	9.09

workshops, etc.								
Hospital \ Patient Records	16	19.51	04	08	02	2.78	-	-
Total.	82	100.	50	100	36	100	11	100

There were 179-response rates as shown in Table 6. High satisfaction was obtained through workshops and conferences, with 23 (28.04%) response rate. Respondents were able to interact with their colleagues apart from the benefit derived from conferences lectures and various courses. The benefit cannot be quantified by the respondents. While Moderate Satisfaction was derived – visit/use of Libraries and Information centres. It has shown that libraries within the 3 LGAS were unable to perform their function of providing adequate, relevant and current information resources to their host communities. Mere satisfaction was obtained through Education and training and use of ICT with 10(27.78%) response rate; respectively. While no appreciable satisfaction was derived from the use of Library and information centres (45.45%) as well as discussion with colleagues (36.36%). The appearance of data in the table is in descending order with 82 high satisfactions, 50 moderate satisfactions, 36 satisfaction and 11 No satisfaction frequencies respectively.

Table 7: Problems encountered in seeking for Health Information: -

Respondents were requested to tick the problems being encountered in the course of seeking for Health information

Problems Encountered	Frequency	Percentage (%)
Absence of Library /Inf. Centres	40	21.16
Lack of Audio Visual Materials	18	9.52
Irregular conference / workshops	14	7.41
Absence of conferences/workshops	07	3.70
Lack of Computer & Telephone	20	10.58
Lack of Electricity	35	18.52
Erratic power supply	33	17.46
Lack of Basic Health Facilities	22	11.66
Others (specify)	-	-
Total	189	100

In terms of problems encountered in seeking for Health information; Absence of library and information centres recorded 40 (21.16%) responses rate. Since majority of respondents (practitioners) work in rural areas, there is the tendency for the absence of libraries. Closely related to reason given above was "Lack of Electricity" with 35 (18.52%) response rate - hence a good number of rural areas lack electricity thus inability of Health practitioners to use television, computer etc to seek for information. It was discovered that 33 (17.46%) response rate identify erratic power supply as one of the problems. Even in urban areas, there are power

outages disrupting Health programmes on Television or Telemedicine. Another problem identified was the lack of Basic facilities such as stetscope, microscope etc thus creating problem in identifying some sickness. It has shown that 7 (3.70%0 response was identified in terms of the absence of conference and workshops. This shows that Education and Training use to take place even though there was 14 (7.41 %) response rate indicating irregular conferences and workshops.

Findings from the Study

1. Pubic Health Officers were more than other categories of health practitioners.
2. Education and training topped the list in most aspects of the study;
3. Emphasis was placed on education and training by the practitioners; and thus derived high satisfaction
4. There were inadequate ICT facilities (Television computer, and Audio - visual materials) etc to meet the information needs of practitioners;
5. Library and information centres in the three (3) Local Government Areas of Niger State; were grossly inadequate.

The way forward

1. Health centres/establishments be ICT compliance and be connected to internet;
2. Establishment of Medical/Health libraries in all the LGAs Headquarters with adequate but relevant information resources;
3. Specialized service e.g. current Awareness services on variety of health information be provided by libraries with emphasis on Selective Dissemination of Information (SDI).

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REFERENCES

Ajayi, N.A (2003). Accessibility to Health Information by Primary Health Care Workers in some Selected Local Government Areas in Nigeria. Nigerian Library and Information Science Review Vol. 21 (2) 2003, Pp. 1 - 6.

Aloli, E. B (2004) Information Needs of Rural Business Women in Plateau State, Nigeria. Zaria Journal of Librarianship .vol. 7 (1 and 2) January / December 2004, p4

Ministry of Finance and Economic Planning. Department of Budget and Planning, Niger State (2002) Statistical Year Book. Pp. 78 - 79

Onu, B.C. (2005). Using Newspapers to Satisfy the Information Needs of Readers at the Federal Polytechnic Library Nekede, Owerri, Nigerian Library Link. Vol. 3 (1 & 2) 2005, Pp. 91 - 92.

Onwukanjo, A.S (2005), The Role of Library in Meeting Information Needs of legislature in Nigeria. Borno Library, Archival and Information Science Journal. Vol. 4 (1) 2005, P. 8.

Victor, K.N. (2004) Information Needs and Seeking Behaviors of Medical Laboratory Scientist in Jos University Teaching Hospital, Borno Library, Archival and Information Science :Journal vol. 3 (1 & 2) Pp. 9 - 12.