

Barriers To Meeting The Primary Health Care Information Needs Of Rural Women In Enugu State, Nigeria, West Africa.

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Abstract

This paper is just a This paper is designed to investigate the barriers to meeting the primary health care information needs of rural women in Enugu state of Nigeria. The design adopted for the study was descriptive survey research design. One research question guided the study. The study was carried out in Enugu state of Nigeria. The population for the study was one hundred and seven (107) doctors and nurses from the rural communities in the nine (9), local government areas used for the study. In addition 108 rural women used for the study constituted the sample for the study. Questionnaire of 4-point response scale and focus group discussion schedule were developed by the researcher and used for data collection. The instruments were validated by three experts in the field of study. Split-half technique and Pearson product moment correlation method were used for the internal consistency reliability which yielded a coefficient value of 0.76. The data generated were analyzed using frequency table and mean to answer the research question. It was found out that government in sensitivity to rural dweller's needs, ignorance of the women about the existence and importance of primary health care and illiteracy are some of the barriers to meeting the primary health care information needs. It was therefore recommended that more health institutions and personnel should be provided in the rural areas and rural women should be sensitized on the need and importance of primary health care services and deliveries. Mobile health library and health information materials and services should be provided for rural dwellers.

Keywords: Barriers, Health, Primary health care, primary health care information and rural women.

Introduction

The need for sound health for every member of the society, including rural women cannot be over emphasized. No wonder the state and federal government as well as the international organization like the world health organization and other non-governmental organizations are working assiduously to ensure good health for all. The World Health Organization (WHO) (1995) defined health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Primary health care as an important aspect of health is defined by Egwu (2000) as an essential health care based on practical, scientifically sound and socially acceptable methods and technology made and universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in a spirit of self-determination. It forms an integral part of both the country's health system of which it is the central function and main focus of the overall social and economic development of the community. It is the first level of contact of the individuals, the family and the community. It is the first level of contact of individuals, the family, and the community with the national health system, bringing health care to as close as possible to where people live and work and constitutes the first element of continuing health care process.

A sick woman finds it difficult if not impossible to carry out her daily responsibilities. This will in turn affect her socio-economic contributions to the society where she lives. Essentially, women in their own rights and privileges deserve the opportunity for excellent health and the associated ability to participate in education, employment, and other endeavours. Women's health constitute a wide range of conditions, which are influenced by socio-economic status, educational attainment, cultural and social norms governing women's health and the availability cost, and quality of service (Agbonibere, 1995). Primary health care (PHC) constitute essentially, health education, food and nutrition, water and sanitation, maternal and child health/family planning, immunization, disease control, treatment and provision of essential drugs. All these are supposed to be universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost that can be affordable to them (Egwu, 1996).

Generally in the rural areas, there is evidence of long standing and wide spread of poor nutritional status, high (and unwanted) fertility levels, high risk child bearing and low use of prenatal services, illiteracy, poor water supply and sanitation, wide spread of disease including poor immunization programme, poor disease treatment and poor supply and use of drugs including self medication etc. (Tones, 1995). It is for this reason that the international conference on population and development (ICPD) held in Cairo Egypt in 1994 and the Alma-Ata

deceleration of 1978 recognized primary health care as an essential and critical part of individuals and families which should provide for the protection and promotion of the health for all the people including women in rural areas.

Women's health in line with WHO (1995) definition of health is the ability of women to live and function mentally, physically, and socially and be free from diseases including gyn-ecological diseases and risk. Implicit from the above is that for a woman to be healthy, she must be in the state of complete physical, mental and social well being and not merely the absence of disease and infirmity. Obvious from the above is that women's health include safe motherhood, family planning information and services, prevention and management of diseases, immunization, elimination of harmful practices, provision and protection of safe water, sanitation, provision of drug and treatment of illnesses.

Statistical evidence provided by the world development indicators (2007) and ministry of health Eungu show that health situation in Nigeria generally and women's health in particular is abysmally, low, poor and discouraging. The situation could be attributed to a number of factors such as:

1. Access to primary health care information and services is highly limited, especially to some vulnerable groups such as the rural dwellers and adolescents. Information access to appropriate health care services for some women health problems such as harmful practices and gender based health problems is relatively scarce.
2. Low level of availability and utilization of relevant primary health care services.

Equally important is the fact that there are great disparities in the provision and utilization of modern primary health services between the urban and rural areas. For instance, in the rural and urban areas, the proportion of mothers who did not receive antenatal care are 37.2% and 10.31% respectively. The proportion of deliveries that took place in the health care facilities in the urban area is more than twice that of the rural areas-whereas in the urban areas 42.24% of the deliveries occurred at home, 64.53% of births in the rural areas were delivered at home (MOH, 2012).

One of the most popular ways of defining rural areas is on the basis of the number of people living in that area, which is between 5,000 to 10,000 people (Eze, 1999). Aninwaeze (2004) also defined rural dwellers as people who live in isolated rural communities whose most dominant and common features are poverty, inequality, squalor and economic backwardness, poor housing, lack of services and communications due to remoteness and consequently malnutrition. A popular understanding of the term "rural" in the united kingdom relates to idyllic scenes, close knit communities with simple life styles and involvement or contact with nature but typical rural scene especially in developing counties like Nigeria is characterized by squalor, poverty and inequality. Though the world has become increasingly urban, two-thirds of the population of the world's poorest region (sub-Saharan Africa and south central Asia) still live in rural areas (population reference Bureace, 2005). Most of these rural areas and dwellers lack relevant information for their well being.

Information has been defined by Edoka (2000) as relevant data, idea or fact that can be useful in decision making. Chem. and Hermon (1982) defined information as all knowledge, ideas, data, and imaginative works of mind which are communicated formally and informally in any format. Primary health care information needs means all the vital knowledge concerning primary health care matters, some of which man/woman does not have but which are necessary for his or her well being. This means that such a person may have some knowledge of some aspects of primary health care matters but lack in some other desirable ones. Those areas where such a person does not have knowledge or information but requires to have knowledge or information becomes the primary health care information needs. Adequate primary health care information among women is a veritable tool for prevention and cure of so many diseases and illnesses they will have. They will have excellent health and then be in a better position to effectively participate in education, employment, and other eadeavours in the society. However, the much needed-primary health care in formation is not available to the rural women due to some obstacles. It is an attempt to identify these obstacles that the ideas of this study was conceived.

Information has become very critical to the successful development of individuals and communities. On the other hand, lack of it is always a cog in the wheel of development in both urban and rural areas. Information is an invaluable element in all aspects of human development. Morale (2001) stated that information is knowledge in the form of facts and opinions, which are transmitted through a medium from one person to another. Aiyepetu (1986) stated that it is man's related knowledge in all forms and from all sources, which will help users to make rational decision. In his view also, the knowledge of every subject to man centres on the availability of information.

Speaking on the factors affecting meeting information needs of rural dwellers, Ochogwu (1993) stated that information materials are not always available to rural communities because of the cost of access to it. He further pointed out that where some of the information materials may be available, they are unaffordable because of high cost of purchasing them. These include, for example, newspaper, magazines, and even books. Voight (1995) pointed out that library and information materials/services are only used where they are available. He also maintained that library service/materials are mostly found in schools/institutions and are rarely found in

communities. Utor (2004) agreed that the non-availability of information materials is a barrier to effective information transfer to the grassroots and this problem is largely caused by high cost of information materials and services.

On his part, Adeyemi (1991) enumerated some factors which incapacitate users in utilizing information as follows: availability and timeliness of information, relevance and repackaging, inadequate and unavailable training to recognize information as a vital component in the process of policy analysis, political consideration which negates the desire of the civil servant to base his decision on verified information and government policy which equates information to propaganda and public enlightenment. Aninwaeze (2001) noted that many factors have led to the poor information needs of rural dwellers according to him, lack of awareness on the part of the rural dwellers, their pattern of settlement, socio-cultural factors, religious factors, their belief and negligence of some responsibilities by government, poor funding of information materials and services especially decreased budgetary allocation to the libraries that will serve institution, urban and rural dwellers. All these and more have culminated in the problems of meeting the information needs of rural women. He also maintained that rural women are culpable because of their sentimental attachment to some certain obnoxious cultural practices like female circumcision. Allen (1982) state that lack of motorable road is a great hindrance to meeting the information needs of rural women. He pointed out that even when the available information has been repackaged, delivery to the required places including rural areas is always a problem since most communities are inaccessible. To worsen the situation, he asserted that the plight of the information seekers in the rural setting in Nigeria is pitiful due to the fact that the mobile library services of the state library boards meant to serve these rural areas are now dead because there are no functional delivery vans to convey both the staff and their materials to the rural areas.

In his view Edoke (2000) blames the condition on grossly inadequate budgetary allocation for running libraries. Spiral inflationary trends result in severe cuts in government subventions for library and information services. This bad condition results from harsh economic realities dominant in most African countries including Nigeria. In circumstances of poverty and hardship, freedom of access to information can be perceived as irrelevant.

Adimorah (1993) noted that lack of coordination is another major factor that militate against meeting the information needs of rural women. According to him, most countries and organizations have expended considerable money and time in information provision to the rural dwellers with much duplication of efforts. There is therefore, an arguent need for coordination of efforts if information to the rural communities is to make the required impact in rural development efforts. In another vein Ochogwu (1993) and Ozioko (2010) observed that lack of awareness of where to seek for information has been a big obstacle to meeting the information needs of rural dwellers or communities in Nigeria. This is because the first step in getting cured of an illness is by being aware that you are sick and require treatment. Adeyemi (1991) summarized the factors that hinder the library from carrying out effective information dissemination to the rural dwellers as follows: limited resources, lack of solid base for libraries, poor communication, lack of professional involvement, lack of coordination and scattered population. Meeting the information needs of rural dwellers has been not taken serious by many researchers. It is on this ground that this study set out to determine the obstacles on countered in the process of meeting the primary health information needs of rural women in order to help improve their health condition.

Purpose of the Study

The purpose of the study is to find out or determine the obstacles encountered in the process of meeting the primary health care information needs of rural women in Enugu state.

Research Question

The study was guided by this research question.

1. What obstacles are encountered in meeting the primary health care information needs of rural women in Enugu state?

Method

The design of the study was a descriptive survey research design. The study is aimed at obtaining data on and describing primary health care information needs of women living in rural areas of Enugu state. The design is considered appropriate because the study covers large population and Olautan, Ali, Eyo and Sowande (2000) stated that survey research design is a plan, structure and strategy that the investigator wants to adopt in order to obtain solution to research problems and test the hypotheses formulated for the study through the use of interview or questionnaire. Questionnaire and interview were found useful for this study.

Area of Study

The study was conducted in Enugu state of Nigeria. Enugu state is one of the thirty-six States in Nigeria. It has three senatorial zones namely: Enugu East, Enugu North and Enugu West.

Population of the Study

The population of the study consists of all the 80 nurses and 27 doctors in the nine local government areas used for the study and about 10,000 of the women in the nine communities from the nine local government areas.

Sample and Sampling Techniques

The sample was made up of 107 doctors and nurses from nine rural communities in the nine local government areas used for the study. The nine local government areas were selected using purposive sampling technique. In addition a total of 108 women comprising groups of 12 women selected from each of the nine rural communities using purposive sampling technique. From the nine local government areas, one rural community each was selected using simple random sampling techniques. All the accessible doctors and nurses from the selected rural communities were used for the study while a group of twelve women each from the selected rural communities were used for the focus group discussion.

Instrument for the Study

The two instruments for data collection for the study are questionnaire of four point response scale and focus group discussion schedule. The questionnaire had a 4 point response scale of very high extent, high extent, little extent and low extent with a corresponding value of 4, 3, 2, and 1. The questionnaire was administered to the health workers, while focus group discussion was for rural women. The questionnaire titled Barriers to Meeting the Primary Health Care Information Needs of Rural Women Questionnaire (BMPHCINRWQ) and a set of focus group discussions schedule were developed by the researcher for the purpose of generating data for study. Both instruments were validated by three experts in the field of health. Their corrections and suggestions were used to produce the final copy of the questionnaire. Split-half technique and Pearson product moment correction method were used to determine the internal consistency reliability of the questionnaire with a coefficient of 0.76

Method of Data Collection

The research engaged the services of nine field assistants trained with whom he administered the instruments. One field assistant was chosen from each of the communities selected. This eliminated the problems of respondents misunderstanding the assistants or misrepresentation of ideas by assistants that could arise due to differing dialects. Copies of the completed questionnaire and recorded responses of the discussion were retrieved later by the same field assistant.

Method of Data Analysis

The data generated was analyzed based on the research question. Descriptive method of analysis was used and the data was presented in frequency table and mean. The data generated from the focus group discussion was qualitatively analyzed.

Result

Result of the study was obtained from the research question answered through data collected and analyzed. The result of the findings are presented in the table 1 and 2 as follows:

Research Question

What obstacles are encountered in meeting the primary health care information needs of rural women?

Table 1: The barriers of meeting the primary health care information needs of rural women.

N = 107

S/N	Barriers	\bar{X}	Decision
1	Government's insensitivity to rural dwellers' needs	3.74	Very high extent
2	Many of them shy away from disclosing their illnesses/health problems	3.50	Very high extent
3	Majority of them are ignorant of the existence of any primary health care problem	3.49	High extent
4	Rural women are mainly illiterate	3.45	High extent
5	Most of them re financially poor	3.12	High extent
6	Location of heath centres and other health care centres are far from their homes	3.06	High extent
7	Socio-cultural beliefs	2.97	High extent
8	Paucity of repackaged information materials	2.91	High extent
9	Health radio progamme are scarce and are in the national language English	2.88	High extent
10	There are few available extension workers	2.74	High extent
11	There are absence of mobile health information services, community libraries and essential services like electricity and motorable roads	2.74	High extent
12	Lack of awareness of where to locate health facilities and equipment	2.72	High extent
13	Poor settlement pattern	2.70	High extent
14	Health counselors are alien to them	2.55	High extent

The Table 1 indicates the responses of health workers on the barrier to meeting the primary health care information needs of rural women.

From the table, it revealed that the mean rating for 14 items are greater than the decision mean value of 2.50 with government's insensitivity to rural dwellers' needs and many women shy away from disclosing their health problems and illnesses to anybody having a value of 374 and 3.50 respectively indicating very high extent and the most serious barriers.

Also majority of them are ignorant of the existence of any primary health care problems, rural women are mainly illiterate and most of them are financially poor. All the other barriers were also accepted by the health workers but the least problem indicated by them are that health counsellors are alien to them and poor settlement pattern. It therefore, implies that the respondent agreed to the fact that all the identified items are obstacles to meeting the primary health care information needs of rural women.

Table 2: The responses of rural women on the problems they encounter in getting primary health information.

N = 108

S/N	Problem encountered	Total frequency
1	Government neglect of rural people	9
2	Lack of adequate health institution	9
3	Illiteracy/ignorance	7
4	Lack of available doctors/nurses	6
5	Lack of information personnel	5
6	Misconception of the existence of contain diseases and socio-cultural and religious sentiments	5
7	Hoarding of vital information by some women	4

From Table 2, it is clear that the rural women encounter a number of problems in getting and receiving primary health care information. The major problems encountered include government neglect of rural populace, which agrees entirely with the response of the health workers on the same issue. Another major important problem is lack of adequate health institution in the rural communities and illiteracy on the part of the rural women themselves. The least problem according to them is hoarding of vital information by some women.

Discussion

It is evident from the responses of the health workers as shown in table 1 that 14 items barriers listed had mean rating values ranging from 2.55 to 3.74. This shows that the mean rating for all the items are greater than 2.50. What this implies, therefore, is that all the items are obstacles to meeting the primary health care information needs of rural women. However, government insensitivity to rural dwellers' needs was ranked the highest by both the health workers and rural women themselves. The women equally mentioned that there is lack of adequate health institution in their areas. One could rightly state that these are external problems. There are other problems related to the women themselves, which are regarded as internal factors. Such problem are that many of the women shy away (indicating ignorance) from disclosing their primary health problems to anybody, lack of knowledge of existence of any primary health problem and most of them are illiterate and poor. The findings agrees with Utor (2004) who found that there is poor infrastructure provision to the rural areas by the government and that the rural people lack awareness on many issues including health matters.

Conclusion and Recommendations

This study has been able to unveil the barriers to meeting the primary health care information needs of rural women in Enugu state of Nigeria. It is noteworthy and worthwhile to note that the sound health expected to be enjoyed by these women will not be achieved unless and until these identified obstacles are dealt with appropriately. These rural women needed to enjoy good health to enable them perform their responsibilities in their families as well as contribute positively in the socio-economic development of the nation. This is so because women do many things for their families, they are channels for procreation, they care for the children, and elderly, and do majority of house hold tasks. In some communities, they often grow most of the food the family eat, and earn the money that pays for essential needs like clothing, medical care, and even the money for school fees. When they are ill and down, there will be a problem, not only for them, but for the communities also as well as the nation where they live. Much of the illness and suffering could be prevented with the provision of relevant information.

As a result of this, the following recommendations are being suggested and made.

- More health institutions should be established in the rural areas by the government.
- More health workers should be deployed to rural areas including advert unit.
- The rural women should be sensitized on the prevalence of primary health problems.
- Adult education programmes should be provided to rural dwellers. Mobile library and information materials and services should be reactivated and extended to rural communities. When these are done, the result of the study will be disseminated and the importance of primary health care emphasized.

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