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## Health Education In Nigeria: Challenges For Health Sciences Librarians

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### ABSTRACT

This study was undertaken to evaluate the potential role of medical librarians to health education in Nigeria.

The study consisted of a stratified random questionnaire survey of 19 healthscience librarians and 112 top University academic health providers, teachers and administrative staff. The results show that 109 (97.3%) of the academic staff and health providers and 19 (100%) of the Librarians agreed that increased effort on the part of the Librarians at collection development, processing and dissemination of information materials to health education personnel is a basic way of contributing to health education in Nigeria. Fourteen (73.7%) of the Librarians and 103 (91.9%) of the health Chief Executives also stressed the need for intensified work at creation of databases from bibliographic compilations, indexes and abstracts of indigenous research studies. Repackaging of information from Theses and Dissertations in local languages for the communities studied was accepted by 16 (84.2%) librarians and 80 (71.4%) health officials. However, few health officials (15%) were enthusiastic about the librarians independently organising filmshows and seminars using the Audio-visual materials in the library as opposed to the eleven (57.6%) librarians who felt this was an area that the Librarians could explore as part of the Librarians contribution to health education in Nigeria. Most of the University academic health care providers were agreeable to financing Health Projects initiated by Librarians but advised the librarians to get clearance from relevant Medical authorities of their competence in the subject matter before commencing an independent health education programme. The Medical Librarians were enjoined to update their knowledge where necessary through further training.

The work confirms the need for the healthsciences librarians to redefine and communicate their jurisdictional place in the emerging health information environment, where the provider of good information service adapts what is available to serve the actual needs and demands of the user.

**Key Words:** Health Education, Healthsciences Librarian, Health Authorities.

### INTRODUCTION

Health education consists of activities that assist individuals, families and communities to understand the health consequences of a particular life style, and to engage in protection of their health through actions that predispose, enable and re-inforce voluntary behaviours conducive to health<sup>1</sup>. Communication of health information is the bedrock of health education<sup>2</sup>. Earlier studies have shown an increased need to develop and co-opt more

manpower who will be involved in health services information awareness programme<sup>3,4</sup>. The Medical library is specialised in providing accurate medical information, regardless of how the information is used<sup>5</sup>. Since information gathered with tender care but locked up in libraries will not have positive impact on Nigerian's very gloomy health situation, health information will only be maximally used when healthsciences librarians create interaction between the medical library and the immediate and not-so-immediate communities<sup>6</sup>. This emphasis on health information promotion by medical libraries is to cater for the information needs of professionals – doctors, nurses, pharmacists, medical technologists and by extension, the non-professionals – patients and other laypersons<sup>7-9</sup>.

In Africa, medical libraries are beset with a multitude of problems which have hindered their development along the lines of the libraries of the developed economy<sup>10,11</sup>. These problems include the fact that the medical library is not a fullfledged academic department, and thus lacks uniform standards<sup>12-14</sup>. Poor equipment for speedy handling of electronic information data, and low budgetary allocation to libraries were also identified as factors militating against the effective function of the healthsciences libraries<sup>15,16</sup>. However, because most of the Nigeria population are illiterate and poor, the basic knowledge the medical library has is needed for health development. This has led some scholars to advocate that medical libraries expand their social relevance beyond the University premises<sup>17-19</sup>. This trend will lead to the advancement of medical librarianship as a profession, as well as promote health education needed for health for all by the year 2000<sup>21-23</sup>.

The objective of this study is to determine the present constraints medical librarians face in participating in the dissemination of health information with the resources at their disposal and to challenge healthsciences librarians to reconsider their duties towards the Healthsciences professionals (and by extension the non - professionals), without usurping the physicians' primary obligation of ensuring that their patients receive relevant medical information. It is hoped, that findings from this study will cause Universities' health authorities to recognise the feasibility of utilizing Medical Librarians as resource persons for health education programmes.

### MATERIALS AND METHODS

The participants for this study were drawn from eight Medical Colleges and their libraries where two groups were studied. The first group consisted of one hundred and fifty-seven (157) executive officers of health Institutions of the cadre of heads of department and above. The second group were twenty-one (21) academic healthsciences



librarians. The eight Medical Colleges were selected from the 37 Federal owned Universities by randomly choosing two Universities from each of the four health zones in Nigeria.

One hundred and twelve (112) questionnaires were completed by the top University Academic health providers, while nineteen (19) questionnaires were completed and returned by the Medical Librarians. The questionnaires were administered with the aid of two graduate research assistants within the period of three days in the first instance and self addressed envelopes given to those who could not complete the questionnaires within that period to return them by post. The period of four months was used to conduct the investigations. The data generated was analysed.

## RESULTS

Figure I shows the questionnaire return rates the librarians in the eight Universities Medical Colleges. The Medical Schools of the Universities of Lagos (31.6%), Ahmadu Bello (21.1%) and Ibadan (15.8%) recorded the highest return rates.

Figure II shows the result of the questionnaire returns from the top Academic health providers of the eight Universities surveyed. The Universities of Lagos (17.9%) and Ibadan (16.1%) had the highest return rates while the least was from Ahmadu Bello (8.9%).

Figure III shows the views of the Academic health providers compared with those of the Medical Librarians on the role of the healthsciences librarians in health education. The content analysis of the responses revealed the following issues as being the specific functions the top health executives would have the Medical librarians perform as their contribution to the promotion of health education. Collection-development and dissemination of information (97.3%), repackaging of information (91.9%) and teaching students how to maximize the use of the library materials and services (80.4%). The three priority areas for the librarians were collection development and dissemination of information (100%), repackaging information contained in theses and dissertations for the affected Communities (84.2%) and creation of data base from bibliographies, indexes and abstracts especially from indigenous studies (73.7%).

Table I depicts librarians perceived constraints and shows that the highest was time constraints (89.5%), inadequate funds (79.9%) and inaccessibility to recent and relevant information (47.4%). The chief executives of the surveyed health institutions were also asked to indicate their views as regarding assisting medical librarians financially in executing health education programmes, 50% of the chief executives were agreeable to financing such programmes, while 38.4% were opposed to it. Table II represents the attitude of the top healthcare providers to the healthsciences Librarians functioning as health educators. Some of these respondents (34.8%) wanted the Medical Librarians to do so only after getting clearance of professional competence from relevant health authorities, while (28.6%) requested the librarians to obtain further training in health education techniques first. 10.7% of those questioned said it was not advisable for the librarians to do so, while 7.1% of the respondents were positively in favour of the healthsciences librarians functioning as health educa-

tors. Information repackaging is already in practice in some African countries<sup>17</sup>. The healthsciences librarians (52.6%) also saw the organisation of filmshows and seminars using the materials in the Medical Library as media for contributing to health education. the academic health providers however did not share this optimism as only 26.8% of them supported this approach. The attitude of the University healthcare providers to the librarian functioning as an independent health educator was on the main a positive one as 89.3% said the librarians should go ahead. However, 28.6% of these respondents advised the librarians to go for further training in health education techniques while 18.8% wanted the librarians to work only as part of the health education team.

Table I

Factors Militating Against the Participation of the Librarians in Health Education.

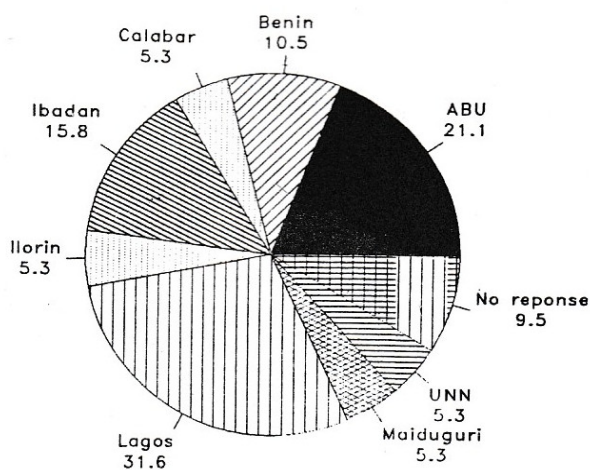
Problems	No of Respondents	%	Ranking
Time constraints	17	98.5	1
Inadequate financial support from health policy administrators	15	78.9	2
Accessibility to irrelevant foreign information	12	63.2	3
Inaccessibility to recent relevant information	9	47.4	4
Uncooperative attitude to medical expects	7	36.8	5

Table II

Attitude of top University Academic Health Provider to the Healthscience Librarians Functioning as Health Educators

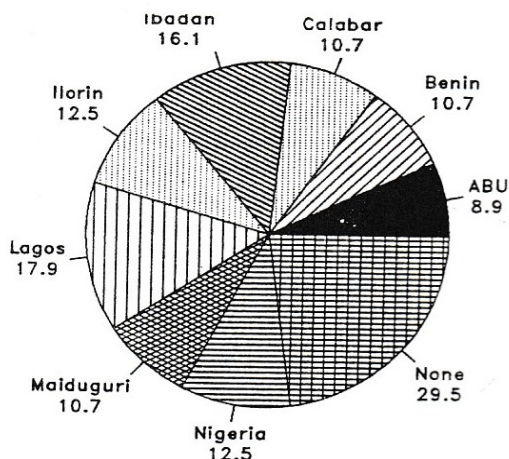
Responses	No. Respondent	%
Yes, but only in a team of health expects	21	10.8
Yes, but only after Health Authorities have attested to professional competence in the topic	39	34.8
Yes, it will compliment efforts of other Medical and Paramedical Personnel	8	7.1
Yes, after further training in health education	32	28.6
No, they are not equipped to do so	12	10.7





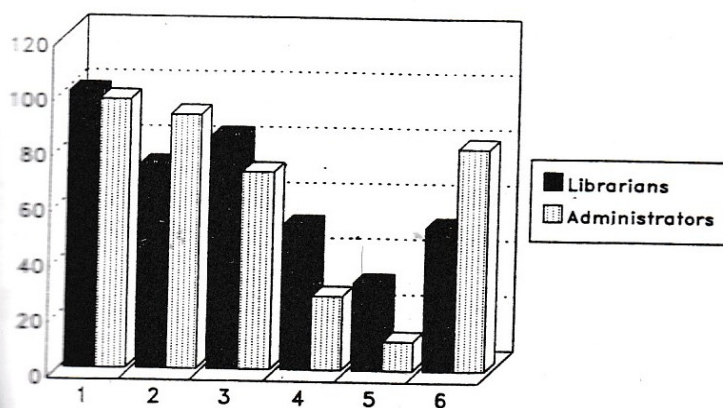
Numbers shown are percentages of total responses

Fig. 1: Questionnaire returns from Medical Librarians



None = (percentage of questionnaire not returned)

Fig. 2: Questionnaire returned from Top Academic Health Providers in Nigerian Federal Universities.



1=Collection & dissemination of information, 2= Creating data base from bibliography 3=Repackaging local theses 4= Organizing film shows & seminars 5=Facilitating access to updated information 6= Teaching students

Fig. 3: The role of the librarian in health education: Views of Top Academic Health Providers and Health Science Librarians compared.

## DISCUSSION

This study presents information on the views of top health executive officers and healthsciences librarians on the specific functions that the librarians should perform in health education in Nigeria. It also presents information on the problems encountered by Medical Librarians in participating actively in health education. The opinions of University health providers as regarding giving financial support to the affected Librarians are also represented.

There is no doubt that the Librarians are interested in getting involved in health education programmes as 100% of them agreed that the Librarians should intensify effort at collection-development and processing relevant health education materials for easy retrieval, by health professionals. Conducting literature searches on the project topics for the health personnel involved in health education projects and instructing freshmen on how to make maximum use of the Medical Library and its resources are ways that the Librarians have been contributing to health education.

However, the study has revealed that repackaging of information from theses and dissertations into local languages including pidgen english for the affected communities was another area which the two groups acknowledged as a viable way to promote health education.

The reactions of the Chief executives respondents seem to suggest that even though the Librarians should be applauded for showing interest in health education, they must get their facts right. This agrees with the Librarians' view that since it was not her primary function to conduct health education programmes, there was constant need to seek the expert advice of the subject specialist. Infact the Librarians (36.8%) identified the lack of cooperation from subject specialists as a possible militating factor against their vigorous participation in health education projects. The above, notwithstanding, 7.1% of the respondents had implicit faith in the ability of the librarians to educate the populace with the basic health information contained in the Medical Library without the danger of misinformation. This may be true since the medical Librarians are not really doing anything original. They are merely lifting what health information is already available in the library and packaging it in such a format that they can effectively communicate it to the ordinary person who may not be literate.

The Healthsciences Librarians who indicated interest in getting involved in health education programmes were asked to state their reasons for not participating in it hitherto. The responses revealed that a large majority (89.5%) had time constraints. Lack of funds to finance projects was for 78.9% of the subjects a problem. While for 47.4% of the respondents, it was difficulty in accessing recent and relevant information.

## CONCLUSION AND RECOMMENDATIONS

There seems to be consensus between librarians and Academic healthcare providers in the ability of the Librarians to a double as health educators. However, the Librarians saw several obstacles in their way. These included time constraints, inadequate funds, lack of current and relevant information among others. The administrators also indicated support in terms of finances for those projects which were original efforts and result-oriented.



However they insisted that the Librarians must indicate interest in health education. The Librarians must also consult medical experts who will attest to their competence. In the final analysis, the Librarians must be prepared to go for further training in any area of Medicine that the librarians were lacking so that they will be well-equipped for the job. This view synchronises with those of the healthsciences Librarians who even feared that the subject specialists may see their constant request for advice and clarification on health topics as a bother.

In the light of the findings, the Librarians who are interested in this area of medicine should indicate interest to the appropriate health authority.

The health authorities should also make true their words by giving the necessary moral and financial support to the concerned Librarians.

The Medical Librarians should not hesitate to seek clarification in areas of health education that is ambiguous and of course, the health personnel whose expert opinion may be sought from time to time must be prepared to cooperate. Most importantly, the librarians just have to try and squeeze out the time, it will save peoples lives.

A further study, to evaluate the effectiveness and suitability of a repackaged information for a particular community should be undertaken to determine its usefulness in health education.

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