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THE ROLE OF THE MEDICAL LIBRARIAN IN HEALTH EDUCATION IN NIGERIA: VIEWS OF HEALTH AUTHORITIES IN SELECTED COLLEGES OF MEDICINE

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ABSTRACT

This study discusses the views of top health Chief Executives of eight Nigerian Medical Libraries: Ahmadu Bello, Benin, Calabar, Ibadan, Ilorin, Lagos, Maiduguri and Nsukka regarding the perceived role of the health sciences Librarian in health education in Nigeria. The highest number of the respondents 109 (97.3%) asked the Librarian to continue with his traditional function of acquiring, storing and ensuring easy retrieval of relevant documents. Another group constituting (91.9%) of those questioned wanted the Librarian to intensify his effort at giving the health personnel background information. Eighty persons (71.4%) also wanted the Librarian to engage in repackaging information through compilation of bibliographies, indexes and abstracts.

INTRODUCTION

Background of Study

The Nigerian society like most in the developing world is essentially illiterate and under developed. There are constant epidemics even for diseases that have been totally eradicated elsewhere in the world. Compounding this problem is the fact that medical attention is so expensive that many patronize quacks and therefore die of curable diseases. To ameliorate this problem, the International Health Agencies like the World Health Organisation (WHO), United Nations Development programme (UNDP) and others have been disseminating health information through pamphlets and posters in local languages among other media. The Nigerian government seeing the magnitude of the health

problems also established the National Medical Research Council Yaba, which is charged with the duties of releasing scholarly research done within Nigeria. This has not adequately taken care of the scholarly research findings of staff and students within the Nigerian University Medical Colleges. Nigerian doctors, especially those in the department of Public Health in Nigerian University Teaching Hospitals have also done a lot in this area. However, it is not enough, hence the constant cry by health personnel and organizations that interested paramedical personnel should be co-opted into the health education team.

Literature Review

Health Education has been defined differently by various scholars. However for the purpose of this study health education as defined by Green² and Ekunwe³ will be kept in mind. According to Green, it is the activities that assist individuals, families and communities to understand the health consequences of particular life style, to engage in protection of their health and other forms of actions that predispose, enable and reinforce voluntary behaviours conducive to health. Ekunwe agreeing with this view adds that communication of health information is the bedrock of Health Education.

Adewusi⁴ and Onipede⁵ are some of the scholars who have advocated increased need to develop and coopt more manpower who will be involved in health services information awareness programmes.

The Medical Library on the other hand is specialised in providing medical information accurately, regardless of belief or how the information is used according to Ibegwam⁶.

Since according to Macumbi⁷ information gathered with tender care but locked up in libraries will not have any positive impact on our very gloomy health situation, it can be concluded that health information will only be maximally used if the health sciences Librarian creates interaction between himself and his immediate and not so immediate communities.

This means a deliberate decision on the part of the Medical Librarian to radiate humanity by having greater concern for the information needs of his society than the demand brought on his services by economic austerity which has resulted in the health information being regarded as a commodity.

In the developed nations of the world due to the growing interdisciplinary relationship of

descriplines, Gann⁸ Hoggerty⁹ and Burg⁹

reported that information science amongs others are used to improve patient care. This was brought about by the realisation that the most common health care is self care. Even patients receiving maximum support from health services are alone most part of the day. This informed emphasis on health information promotion based on participation of individuals becoming full partners in health protection and promotion. Supporting this position Rosthstein¹⁰ declared that the medical library was left with little choice with the expanding clientelle which now included laypersons, patients family as opposed to physicians and academics who they served previously. In Africa, the situation is different. The Medical Library is beset with multitude of problems which have hindered its development along the lines of the libraries of the developed economy.

Okeke¹¹ identified dependency problem. He said the fact that Medical Libraries were appendages of their parent institutions instead of fullfledged academic departments was a major obstacle to its efficient and effective functioning. Obaka¹² saw the problem of the Medical Libraries as still very basic. He advocated for the standardization of Medical Libraries and information services throughout Africa. He said failure to do this will result in continued grappling in the woods by the Libraries. This could be responsible for the lack of self will on the part of the Health sciences Librarians, a factor Osiobe¹³ saw as a major inhibition in the function of the library.

Makumbi¹⁴ and Komolafe¹⁵ identified problem of poor equipment. Komolafe suggested computerisation of medical Libraries and the retraining of medical librarians to enable them contribute to health

promotion in Nigeria. However, this was in the context of the National Health Information Systems (NHIS). Moreover, as rightly concluded by Aiyepeku,¹⁶ two years earlier, information services are expensive and computer based education are particularly expensive despite general downward trend in the cost of computers and peripherals.

Therefore, Makumbi who knew very well that most of the African population is still illiterate, a fact confirmed by World Health

Organization,¹⁷ posited that what basic knowledge the medical Library was necessary for health development. Hence, it should be disseminated to the people despite many Medical Libraries' state of disrepair and lack of state of the art equipment for speedy handling of electronic information data. His contention was that Medical Librarians despite their numerous problems have to create a dynamic interaction between themselves, other health workers, mass media and the community at large to develop the appropriate tools and materials that will enable them extend basic health information to our essentially poor and illiterate communities. This is similar to the practice reported by Nance M'Jantu-sue¹⁸ as being already in operation in Sierra-Leone. Femi Pearse,⁽¹⁹⁾ supporting the above practice, also opined that the use of trained voluntary health workers will boost health education, which will have the multiplier effect of increasing self treatment. He further stated that some degree of self treatment was acceptable since, otherwise doctors would be inundated with too many problems. He therefore recommended that selfcare, self responsibility and self referral as part of the practice of family health become part of the focus point of health education in Nigeria.

From the foregoing, it is abundantly clear that there are multitudes of problems facing the medical personnel and as result there is need

to co-op other interested trained volunteers to aid them in educating the masses on health matters. It has also been revealed that the Medical Librarian has a catalogue of problems which could hinder his active participation in health educational in Nigeria. However, he also has many pluses in the fact the he has easy access to health information materials at his disposal which could launch him into the team of health education teachers.

This led Manaka (20) to plead that information professionals should still radiate humanity by having greater concerned for the information needs of users. It is in this light that this study was undertaken to discover how the health sciences Librarian can use that information, documents, equipment and other facilities presently at his disposal to help in the health education of the layperson in their immediate and not so immediate communities. When this is done, the Librarian would have contributed immensely in helping grass root people cultivate healthy habits and reduce the use of ill equipped and very expensive hospital which the people can ill afford in the first place.

This innovative use of available resources and exploitation of institutional strength for the advancement of Medical Librarianship as a profession according to Roseroka,²¹ should be the trend in library and information profession in the year 2,000 A.D. This trend also agrees with those of The Federal Ministry of Health and Social Service⁽²²⁾ and WHO plan of Action⁽²³⁾ intended to promote health education needed for health for all by the year 2000.

These positions agree with those of this researcher in finding an immediate, and not very expensive way of getting health information to the masses especially, those of students and students and lecturers unpublished. Theses and Dissertations to the communities in question. Okorosobo,⁽²⁴⁾

attested to the fact that these valuable literature unpublished or published are not abstracted or indexed by the usual computer based retrieval or indexing systems such as Medline, Index Medicus and others. It is therefore lost to potential users of such information. The enormity of this loss led Adimorah, (25) to state emphatically that University Libraries (among which medical libraries are a part) should expand their social relevance beyond the University premises and share knowledge with rural communities around them.

In addition to the above, this study attempted to discover why Medical Librarians in the selected Colleges of Medicine have been reluctant and whether the health institutional authorities will fund such project which will launch Medical Librarians into the class of health education propounders.

Methodology

A representative sample population of Chief Executive Officers of health institutions of eight Nigerian Federal Universities of Ahmadu Bello, Benin, Calabar, Ibadan, Ilorin, Lagos, Maiduguri and Nsukka were questioned. The category of those sampled comprised of Provosts, Deputy Provosts, Deans of Schools and faculties and Head of departments.

The questionnaire after being pretested at the University of Lagos and corrections made was administered with the aid of two graduate assistants within the period of three days in the first instance. Those who were unable to complete the questionnaire within this period were asked to do so and send it by mail. In all, period of 4 months was used for the administration of the questionnaires.

Instrument

The questionnaires focused on:

- general factual information on sex,

name of institution, present designation and schedule of duties
b. perception of the librarian in the context of the health institution i.e. his usefulness

c. attitude to his participation in health education as part of the health team and on his own

d. whether financial support should be given to such Librarians.

On the whole, the questions reflected critical issues in practising library based health education. It involved supports from administrators especially in terms of funding and giving expert advice when asked by the healthscience librarian.

Responses

Three of the Universities did not have College of Medicine, but faculties of Medicine with Deans as administrative heads. As a result, the total sample was reduced to One hundred and fifty seven (157) questionnaires for the administrators and One hundred and twelve (112) (71.3%) were returned completed, see table 1.

Table 1: Questionnaire Returns from Health Administrators in Nigeria Federal Universities

College/Faculty of Medicine	Number Administered	No. Returned	%
Ahmadu Bello	18	10	55.6
Benin	18	12	66.7
Calabar	18	12	66.7
Ibadan	25	18	72.0
Ilorin	18	14	77.8
Lagos	25	20	80.0
Maiduguri	18	12	66.7
Nigeria (Nsukka)	17	14	82.4
Total	157	112	71.3

Findings

The role of Medical Librarian as part of the health education team

Since the health executives were members of an academic institution.

It was not surprising that they all acknowledge the awareness of the existence of the healthsciences Librarian in their institutions. They also attested to the Librarian's usefulness in their College of Medicine. Eighty-four (75%) of the respondents agreed that the Librarian was equipped by his training and exposure to Medical documents in the form of monographs, Audiovisuals and computer applications to participate in health education. As part of the health team, 109 (97.5%) of the policy makers in the health institutions felt the Medical Librarian should restrict his role to acquiring, storing and ensuring easy retrieval of relevant documents and information. One hundred and three (91.9%) of the respondents also advocated that the Librarians function as supplier of background information (i.e. literature search) giving freshmen and new staff courses in the use of the library. Fourth in the ranking is that the Librarian should engage more in preparation of bibliographies, indexes and abstracts especially of indigenous researches as part of his contribution to health education development in Nigeria. The fifth in ranking was need for the Medical Librarian to get more training in health education and its techniques. Thirty (26.8%) of those questioned said the Librarian should organise seminars and workshops with the materials at his disposal. Twelve (10.5%) persons wanted express access to relevant information. They advised the Librarian to pay more attention to directing the users to the correct source of information in express time. One of the administrators even suggested that the Librarian would acquire more knowledge of

information science though he did not state his reasons from making this suggestion. (Please see table 2 for details)

in table 3. Twelve (10.7%) of the respondents said emphatic no. They maintained that librarians were "not equipped" to do so. However, a majority of 39 (34.8%) of those questioned said yes. Nevertheless they cautioned that the health authorities should attest to the competence of the Librarian as expert on that topic before he sets out to do so. Thirty-two (28.5%) of those interviewed suggested the Librarian should go for further training in health education before embarking on health education. Twenty-three (18.8%) of the respondents said yes, but only as part of the team of other health experts.

In summary, 62 (55.4%) of the respondents were convinced that the healthscience

Librarian can function as a health educator but felt there was need for further training in medical education on his part before he can launch out on his own. Eight (7.1%) of the respondents had implicit faith in the ability of the Librarian to function as health educationist. These respondents may have held this view because they are aware that Librarians are trained in the faculty of education where they take other course in teaching methods. They may also have at the back of their mind the fact that most professional Librarians have diverse subject background including some basic science subject like biology and chemistry.

Table 3: **Attitude of University health Authorities to the healthscience librarian functioning as health educator**

Responses	No Respondent	%
Yes, but only in a team of health professionals	21	18.8
Yes, but only after Health Authorities have attested to professional competence in the topic	39	34.8
yes, it will complement 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

Financial Support for the Medical Librarian

Because no meaningful work can be done with insufficient funds, the administrators were asked to state whether they would support the Librarians bid, to educate the public on health issues financially by approving funds for this purpose or by recommending them to the appropriate quarters where they are not in the position to approve. Interestingly, 56 (50.%) of the respondents said yes; they would. Forth-three (38.4%) of the respondents said no, while 13 (11.6%) of them did not air their views. Among the reasons adduced for not supporting the Librarian financially was that the health administrators in question needed to be convinced that the Librarian knew the "training techniques in health education as well as having enough grounding in medicine". The respondents who answered in the affirmative felt the Librarian by the nature of his position as the custodian of health information materials, could function as mobile encyclopedia at least in basic health information, the Health Executive Officers who supported the Librarian advised him to ensure his health topics were "original efforts and results oriented". The Medical Librarian was also to show interest and enthusiasm since it is not their traditional function in order to be co-opted into the health education field.

Conclusion

There seems to be consensus among the majority of the officials in health institutions (62 (55.4%) respondents) that the healthscience Librarian can function as health educator both within a health team and on their own. However, there also seems to be an agreement that there is need for the Librarian to prove his competence in this area Thirty-two (38.1%) of the respondents advise him to further his training in health education techniques and

21 (18.8%) of the administrators suggested that he should work only with subject experts. Noteworthy is that 56 (50%) of the policy makers in the health institutions will lend financial support to the projects originated by the Librarian which was result-orientated.

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