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HEALTH INFORMATION NEEDS OF THE VISUALLY IMPAIRED IN URBAN CENTRES: A CASE STUDY OF OYO STATE, NIGERIA

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Abstract

This paper examines health information needs and its utilization by the visually impaired in urban centres in Oyo State. The main focus of the study was to determine the health problems for which the visually impaired seek health information in an attempt to live well. The sample population was made up of sixty visually impaired. They include twenty-eight (males) and thirty-two (32) females, and the instruments employed in collecting data include, questionnaire and interview. The analysis of the data revealed that the visually impaired needed different types of health information for their well-being in Oyo State. To achieve good patronage of the health information centres, there is need for the various centres to be better organised with the aim of improving their services to the visually impaired.

Introduction

The visually handicapped according to Mba (1995) include children who are totally blind, children who have low vision and children who are partially sighted. These categories of people resident in urban areas, needs a lot of information in the area of health due to the myriad of health related problems existing in the cities which affects life negatively. Sources of information abound in the urban centres, which should be appropriately utilized to meet the health information needs the visually handicapped.

Like their normal counterparts, visual impaired in the urban areas are literate and non-literate. This implies that the need for information and the utilization of needed information will vary based on their background. Information is sought for day-to-day living, for making decision or for influencing other peoples decisions and generally, for satisfying curiosity. Society, according to Brittain (1970), needs information to function as the individual increasingly needs information to enlighten his choice and his need for prediction, which grows as the capacity, and necessity to choose expands. By implication, the visually impaired existence in the urban centres will hinge on the quality and completeness of the facts available to him and on his skill in using them.

The visually impaired in urban centres in Oyo State has numerous health problems and it is believed that, if they have timely and appropriate information, they will overcome the problems. These problems vary from how to plan a family, birth control, promiscuity and infections, general health problems and environmental sanitation.

Inquiries about health care are often best answered by a combination of literature and statistics, as well as the establishment of contacts so that the visually impaired can have the best of health information. Green (1978) opined that the availability of relevant information is a powerful contributory factor towards the effectiveness of health care.

The hospitals and related facilities are primarily, centres for patient-care as health services spreads across the length and breadth of the land. The density of spread is by no means uniform; even in a small and homogenous area, there are significant geographical and sociological variations that affect the settlement of the population in general and the scatter of health facilities and health workers. Health care information needs and use abound in every part of the urban centres. The pattern could be due to economic considerations, since it will not be practicable to provide cure for every ailment. The visually impaired, like other people in the society have a right to be better informed about the organisation of health care facilities and about clinical and treatment matters. This realization led to the establishment of service points in the urban centres where this kind of information is made available. To be successful, Walko (1986) stated that these services will have to operate

with some direction from and the goodwill of doctors and other health care professionals, as well as social workers in hospitals and other strategic locations, which may be library-based.

The need for health information by the visually impaired in urban areas in Oyo State could be obtained from the nature of activities in which individuals are involved as well as the prevailing health circumstances in the environment. One major way of satisfying their information requirements is therefore, to ensure the availability of sources of health information from the existing health and information centres in the locality.

Development of communication systems to aid communication of health information to the end user is significant to the acquisition and utilization of needed information. Brawley (1985) demonstrates how rural news media can be used effectively and without substantial cost for consultation, education and prevention activities in mental health care while Tabor (1988) points to the need to develop integrated information for health care. He stated further that the effects of trends in health care services should be examined, including an emphasis on primary health care and patient involvement on the information network that would provide point of use access to sources of health care information.

The needs and decision-making processes of the Visually Impaired in urban centres are not adequately studied by health workers and by decision makers. Where attempts are made to determine their information needs, hardly do one get necessary feedback from the visually impaired person concerned, because they would prefer to answer the questions of the interviewer rather than freely giving out their minds on the various health problems they encounter, thus, information sometimes supplied by health workers may not match the information needs of the visually impaired in urban areas of Oyo State.

The study would examine the actual types of health information the visually impaired individuals in the urban areas need most and the sources of information they do consult.

Furthermore, the paper will examine the kind of satisfaction they derive from health centres, the characteristics of information they regarded as the most important in solving health problems and analysing the services offered to them by the health workers.

Methodology

The target population for this study consists of visually impaired from Ibadan metropolis of Oyo State. There are 60 visually impaired people in the sampling population; the research is based on simple descriptive survey research method with four broad objectives namely:

- To determine health related problems of the visually impaired in urban areas.
- To determine their health information needs
- To examine the sources of health information available for use
- To determine the effectiveness of use of available resources.

Instrument

The questionnaire were put in braille and personally administered by the researchers to the subjects. The questionnaires were followed simultaneously with oral interview. Those interviewed were in part. Self-selected and .comprised those who by their non-educational background and severity of their problem could not adequately understand or answered the questions but indicated their willingness to be interviewed.

Analysis of Findings

Table 1: Distribution of respondents according to sex

Groups	Male	Female	Total
Blind	7	3	10
Low Vision	8	7	15
Partially sighted	13	22	35
Total	28	32	60

The table above shows the distribution of respondents by sex. The total number of both male and female respondents whose filled questionnaire are used for analysis in this survey is sixty (60). Of the

total number, twenty-eight (28) respondents are males while the females are thirty-two (32).

In distributing the respondents by their level of education as seen in Table 2 below, those with primary education experience constitute the highest group with twenty-seven (27) respondents. Those without formal education experience (illiterates) comes next with eighteen (18) respondents while those with secondary education experience and above rank next with fifteen (15) respondents. The reason for the large number of illiterates in the urban areas is because of lack of necessary resources to attend formal educational institutions.

Table 2: Distribution of respondents according to their level of education

Response	No. Responding
Illiterates	18
Primary education	27
Secondary Education and above	15
TOTAL	60

The visually impaired in urban areas are seen to exhibit one habit and the other, which has medical implications. Besides, they are faced with different kinds of health related problems for which they seek health information and treatment in an attempt to live a healthy life. The tables below points to health-risk behaviours and problems of respondents.

Table 3: Case history of respondents according to Sex

Behaviour	Male	Female	Total
Smoke cigarette	14	1	15
Take hard drugs	1	5	6
Drink alcohol	20	16	36
Drug addiction	1	10	11
TOTAL	36	32	68

Table 3 above, attempts to portray certain health risk behaviours exhibited by respondents according to sex. As can be seen from the table and with reference to the total number of respondents to this question, the male are found to indulge more in health-risk behaviours as the number thirty six (36) indicates, while the female are thirty-two (32). This is due to the societal attitude in which the females are not expected to be seen exhibiting health-risk behaviours in public places, hence we find that more females take hard drugs which they do in isolated places. In addition, they are more addicted to drugs when they have health problems, which they would not want exposed.

The attitudes o the respondents to sexual behaviours was, also examined in this survey. Respondents' indulgence in unrestricted sexual relationships is explained with the aid of Table 4 below.

Table 4: Indulgence in unrestricted sexual relationships

Response	No. Responding	%
Yes	18	30
No	42	70
TOTAL	60	100

The table above shows that forty-two (42) of the total number of respondents representing 70% does not indulge in unrestricted sexual relationships while eighteen (18) respondents representing 30% indulge in such habits. The reason for the near general agreement of respondents not to indulge in unrestricted sexual relationships is due to self-discipline and good knowledge of the implications of such act.

Equally examined in this study is the ailment or health problems for which the respondents had sought or received health information/care. The table below therefore lists some of the health problems although a respondent could indicate more than one problem.

Table 5: Problem for which respondents had sought or received health information

Response	No. Responding
Stomach pains	20
Headache	4
Coughing a lot	10
Nutritional problem	1
Eye pains	44
Toothache	31
Physiological problem	18
Diarrhea	8
Cholera	2
Infections diseases	22
Sex/Venereal diseases	5
Pregnancy and abortion	16
TOTAL	181

The table above, reveals that 'eye pains' is one problem area for which most of the respondents received health information as this health problem has the highest number of respondents - forty-four (44), while only one (1) respondent agreed to having sought or received health information on problem of nutrition.

The sources of health information were also examined in this survey. The findings reveal in the table 6 below that forty-two (42) respondents being the highest sought and received health information from hospitals. Following closely, are those who patronized private clinics for needed health information as thirty (30) ticked this source. Apart from the hospitals, the mass media also serve as useful source of information as evident in the table below; twenty-five (25) respondents claim they get their health information from the radio while eighteen (18) of the respondents stated that they get their health information from television broadcast. Next to the above source, is the local health centres from where eight (8) respondents claim they get their health information, while information centres has the least

number of respondents □ three (3) who stated that they receive health information from the source.

Table 6: Distribution of respondents according to their sources of health information

Source	No. Responding
Hospitals	42
Local Health Centres	8
Private Clinics	30
Information Centres	3
Television	18
Radio	25
TOTAL	126

A respondent could tick more than one source.

The sources of health information above are seen to be very useful and adequate hence they are consulted in time of need by the visually impaired. To the respondents, the needed information are often got with little or no difficulties. This is particularly true as according to them, the health centres are organised to facilitate prompt and satisfactory services to users.

The utilization of health information is dependent on the availability of the needed information. The needed information as seen from the findings in this study, are acquired from various sources depending on the interest of the users. While some health problems take longer time to get solved, others may take very short period. Therefore, the frequency of use of the sources is determined by the inherent problems facing the visually impaired in urban areas, hence, most respondents stated that they make use of the sources only when there is need to do so. This also indicates that respondents acquired pertinent health information aimed at solving various health problems facing them.

In determining respondents benefits in utilizing acquired health information, the table below shows that fifty-eight (58) respondents representing 96.7% of the total respondents have benefited in utilizing

acquired health information while only two (2) respondents which represents 3.3% of the total respondents, claim they did not benefit from it as the information acquired has not improved their health conditions.

Table 7: Distribution of respondents according to how they benefited from use of acquired information

Response	No. Responding	%
Yes	58	96.7
No	2	3.3
TOTAL	60	100

The utilization of health information is sometimes dependent on satisfaction derived from previous use. A respondent with infectious disease finds it difficult to utilize subsequent information on health because earlier application has not improved his/her health problems.

Conclusion

The visually impaired in urban areas as can be seen in this survey, makes adequate use of health information acquired from various sources. Although most of them make use of information acquired, they do not however, patronise the sources of the information unless there is need to do so. That is, when they are faced with serious health problems which they are not able to take care of individually as a result of lack of appropriate knowledge about the health problems and its treatment.

Findings from this study reveals that some visually impaired have not benefited from the information acquired from the health centres and other sources. This is particularly true because some of the centres are not well-equipped to meet the needs of users. The result is that some users could acquire wrong information which, when applied, may not be effective for the particular health problem for which such information was sought.

However, as majority of the visually impaired in urban areas make use of health centres for adequate information, it can then be

inferred that the health centres to a large extent, are effectively meeting the needs of the clients. This is due to efficient services carried out which satisfactorily, meets the needs of the clients.

A regular source of health care and information therefore, can be seen as an asset, not only for easy access in time of need, but to facilitate use of preventive services.

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