



Health Literacy as a Precursor to Functional Health in Nigeria: Challenges and the Way Forward

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Abstract

This paper discusses health literacy as the level to which individuals can obtain process, understand, evaluate and act upon information needed to make public health decisions. It examines the dimensions of health literacy to include cultural knowledge, listening, speaking, arithmetical, writing and reading skills as fundamental to health literacy. It discusses the problems of low health literacy shown in the limited ability to receive, interpret and understand the primary health services and information necessary for proper decision-making about health matters. Health information was discussed as the bedrock of health literacy as it empowers patients to take control and improve their quality of life and serves as a crucial resource that empowers people to take good decisions to enhance their health and well-being. Challenges facing health provision were identified to be inadequate human resources and inadequate funding among others. In conclusion, the more health literate an individual becomes, the healthier will the individual be. The paper recommends that medical libraries should be established in all health institutions in Nigeria. Health professionals/Librarians should be trained with requisite knowledge and skills to handle health information provision and delivery to meet information needs of patients among others. If proactive actions are taken by the authorities concerned to surmount the challenges, health information will be provided for people to enjoy functional health.

Key Words: Health, Health literacy, functional health, health information, Nigeria

Introduction

Every day, people confront situations that involve life-changing decisions about their health. These decisions are made in such places as grocery and drug stores, workplace, doctor's office, clinics, hospitals, and at home. Only some of these decisions are made when patients and their health care providers are in face-to-face consultation, many more are made when people are on their own and dealing with often unfamiliar and complete information. People need information they can understand and use to make informed decisions and take actions that protect and promote their health

There is increasing need for individuals to be health literate to meet up with the demands of modern society amplified by rapidly evolving information and communication technology sector. Empowering individuals with health literacy skills involves the process of health education, health promotion and health communication. Improving health literacy in a population involves more than the transformation of health information, although that remains a fundamental task. Helping people to develop confidence to act on the information



that brings knowledge and the ability to work with and support others will best be achieved through more personal forms of communication, and community-based educational outreach (Ignatius & Chinagorom, 2015)

If we are to achieve the ultimate goal that is reflected in the definition of health literacy, trying to promote greater dependence and empowerment among individuals and communities, we will need to acknowledge and understand the political aspects to education, focused on overcoming structured barriers to health. Providing quality health information is at the core of health service. Patients need access to full and high-quality health information to make informed decisions on health matters. Poor health information can prevent people from making effective choices. Besides, lack of health information can be damaging for patients, their relatives, health professionals and the entire society.

Patients and the public have many decisions to make about their health care and like all decision makers; they require health information to inform their choices. This information, which should be timely, relevant, reliable and easy to understand, should be from reliable sources in order to achieve greater patient involvement in healthcare. Health information is an essential component of any strategy to promote health literacy, self-care, choice, shared decision-making, medication adherence and self-management of diseases.

Health is defined by World Health Organization WHO in Uju (2014) as a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity. Health is regarded as a fundamental human right and so a resource for everyday life, not the object of living. Health is considered less as an abstract state and more as a means to an end, which can be expressed in functional terms as a resource, which permits people to lead an individual, society and economically productive life.

Health literacy measures the extent to which an individual can locate, comprehend and think through the basic information about health and health services required to allow them to decide on health matters appropriately (Cingi, 2018). Lack of health literacy causes difficulties in finding and utilizing health information, acting in healthy ways and reacting to warnings given out about healthcare, events affecting the public. It entails a worsening of health outcomes and greater costs.

Health literacy refers to a complicated interplay of factors such as skills, health awareness and what healthcare professionals expect lay individuals to know of and comprehend about health as a state and healthcare as a system of services. Health literacy is defined as the degree to which individuals and groups can obtain process, understand, evaluate and act upon information needed to make public health decisions that benefit the community (Adams, Stocks, Wilson, & Hill 2009). The ability to understand and interpret the meaning of health information in written, spoken or digital form and how this motivates people to embrace or disregard actions relating to health is a key element in proper decision making (Freedman, Bess, Tucker & Boyd, 2009). Health literacy in our understanding is regarded an asset for improving people's empowerment within the domains of healthcare, disease prevention and health promotion.

Health information is that knowledge, facts and news generated from various sources, necessary for good physical and mental conditions of human beings (Uju, 2014). Health information is a veritable tool for promoting healthy lifestyles which involves giving the necessary, essential and timely health information on crucial matters affecting people's health with the ultimate aim of ensuring that every individual has prevented unhealthy practices that would predisposes to ill health. Health information helps and enables individuals to



understand their health and make health-related decisions for themselves or their families. With health information, people are helped to make informed health-related decision or inform oneself of health-related issues whether at personal or professional levels.

Functional health is the ability to perform all of one's activities of daily living. It is really about optimizing your ability to do the activities that you need to do and want to do without being hampered by pain or injury (Wolf, 2005). One's inability to perform necessary activities of daily living portend abnormal conditions of ill health resulting from various variables. The goal of functional health is to improve your capacity to perform your life activities. Anything that impairs your ability to function normally compromises your functional health. The real key to optimal functional health is doing things –both your routine activities and your exercises in ways that work with your body's design, not against it or else you pay the price in pain.

Concept of Health Literacy

Health literacy is the ability to read, understand and act on written material commonly encountered in health care settings (Scott and Gazmararian cited in Sarah, Ignatius and Chinagorum, 2015). Health literacy is an important factor in the health and treatment of people who are not well. According to WHO (1998) health literacy is the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literacy means more than being able to read pamphlets and successfully make appointments. It is critical to empowerment and helps to improve people's access to health information and their capacity to use information effectively. In terms of 'content' the definition reveals that efforts to improve people's knowledge, understanding and capacity to act, should not only be directed at changing personal lifestyle or the way in which people use health services. However, health education could also raise awareness of the social, economic and environmental determinants of health, and be directed towards the promotion of individual and collective actions.

Healthy people (2010) defined health literacy as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. The definition has both clinical and public health approaches that tend to focus on some aspect of an individual's ability to find understand and evaluate information, which the individual would use to improve health and /or reduce inequalities in health.

As people become more comfortable with making choices about their own health and health care, so the public demand for information increases. There are two types of information, both of which people need to make decisions. First, general information which should be available to all about lifestyles options, care providers, diagnoses, self-care management and treatment options and second, personalized information which specifically deals with the individuals own condition, care options and possible outcomes. Health literacy is the personal cognitive and social skills which determines the ability of individuals to gain access to, understand and use information to promote and maintain good health (Nutbean, 2000)

Osborne (2007) defines health literacy as consisting of the quality of health care provider support, perceived adequacy of health information, taking responsibility for health issues, being focused about health, involves social support, critical appraisal of health resources and ability to access health information. It is an interaction between the skills of the public and the demands of the health system. The term health literacy means the degree to which an



individual has the capacity to obtain, communicate, process and understand basic health information and services in order to make appropriate health decision (Glassman, 2013). Health literacy is a constellation of skills, including the ability to perform basic reading and numerical tasks required to function in the health care environment. Patients with adequate health literacy can read, understand and act on health information. Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate and use information to attend to health issues. It entails the use of a wide range of skills that improve the ability of people to act on information in order to live healthier lives. These skills include reading, writing, listening, speaking, numeracy and critical analysis as well as communication and interaction skills (Calgary, 2009).

United States Department of Health and Human Services (DHHS) (2011), defined health literacy as the knowledge and skills needed to access, understand and use information related to physical, mental and social well-being. Australia Bureau of Statistics cited in Osborne (2007) in corroborating with department of Health and Human Services DHHS), further defined health literacy as the knowledge and skills required to understand and use information relating to health issues such as drugs, alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies and staying healthy. It could also mean health literacy interaction between the skills of the public and the demands of the health systems (Osborne, 2007). Health literacy is the ability to understand and apply health related information and includes the ability to understand and interpret health related information and apply it to a particular situation. With health literacy one is able to make a decision about when to seek treatment, which over the counter medicine might be appropriate or what to do in a first aid emergency (Victoria, 2011). By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment. It applies to both individuals and to health systems, noting that a system is health literate when it provides equal, easy to use, and shame-free access to and delivery of health care and health information.

Health literacy is clearly dependent upon levels of fundamental literacy and associated cognitive development. Individuals with underdeveloped skills in reading and writing will not only have less exposure to traditional health education, but also less developed skills to act upon the information received. For these reasons, strategies to promote health literacy will remain inextricably tied to more general strategies to promote literacy. But beyond this fundamental link between literacy and health literacy, much of the riches of health literacy implied by WHO's position on health literacy are missed in approaches to the promotion of functional health literacy. This has led to less awareness of preventive health measures, less knowledge of their medical conditions, self-care instructions, limited understanding of health concepts, and poor understanding of medical instructions and lack of self-empowerment.

Dimensions of health literacy

The distinction between medical and public health literacy is reflected in the identification of different dimensions. Within the definition of health literacy as individual capacities, it is considered that cultural conceptual knowledge, listening, speaking, arithmetical, writing and reading skills are the main dimensions of health literacy. Speros (2005) also identified reading and numeracy skills as the defining attributes with comprehension, the capacity to use health information in decision-making and successful functioning in the role of health care consumer as dimensions. This means that sufficient functional skills make one to be able to function effectively in applying health information in every day situation. Some of these skills require advanced and literacy skills which together with social skills can be used to



actively participate in everyday activities, to extract information and derive meaning from different forms of communication, and to apply new information to changing circumstances.

The various dimensions indicate that the different levels of literacy progressively allow for greater autonomy and personal empowerment. The progression between levels is not only dependent upon cognitive development but also exposure to different information and in turn influenced by variable personal responses to such communication, which is mediated by personal and social skills. Health literacy of individuals depends on the acquisition of skills that will enable them to read, interpret, understand and apply knowledge to raise decision about one's health.

Component of Health Literacy

There are three main health information concepts that are closely related with the concept of health literacy. They include health promotion, health education and health communication. Health literacy evolves from these and operates within these concepts.

Health Promotion---The World Health Organization in Uju (2014) sees health promotion as the process of enabling people to increase control over and to improve their health. It represents a comprehensive social and political process which does not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions to alleviate their impact on public and individual health. Three basic methods for health promotion to strengthen health literacy are advocacy for health to create essential condition for health; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health.

Health education--- Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills, which are conducive to individual and community health (WHO, 2013). Health education may involve the communication of information, the development of skills that demonstrates the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health. It is also concerned with the communication of information on individual risk factors and risk behaviours, and use of health care system. Health education is a public health process and a major means of promoting health literacy. It could be the platforms and framework for operation of health literacy (Atulomah and Atulomah, 2012).

Health communication---Is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda (WHO, 2013). The use of the mass and multimedia and other technological innovations to determine useful health information to the public, increases awareness of specific aspects of individual and collective health as well as importance of health in development. It encompasses several areas including edutainment, health journalism, interpersonal communication, social communication, medial advocacy, organizational communication, risk communication and social marketing. It can take many forms from mass and multimedia communications to traditional and culture-specific communication such as storytelling, puppet shows and songs. It may take the form of discreet health messages or be incorporated into existing media for communication such as soap operas (WHO, 1998). Health communication is an interesting concept to watch, as the media is increasingly becoming a key source of health information to most people. From the



definitions, the three components, health promotion, health education and health communication give rise to health literate people, individuals and society.

Low Health Literacy Problem: An overview

The problem of health literacy exists in several countries and most adults lack basic literacy skills as well as numeracy skills that will enable them to respond to health issues. Health literacy may not be related to years of education or general reading ability. A person who functions at home or work may have marginal or inadequate literacy in a health care environment. During the past decade, the magnitude and consequences of low health literacy on the health of individuals have received considerable attention, contributing to a new perspective on the broader and more complicated relationship between education and health. Limited health literacy has been linked to problem with the use of preventive services, delayed diagnoses, understanding of one's medical condition, adherence to medical instructions, and self-management skills. Although estimates vary, low health literacy has been attributed to higher health care cost.

The effect of low health literacy on the public health has been the subject of much attention during the last decade, causing a complex association for education and health. Low or inadequate health literacy is the limited ability to receive, interpret and understand the primary health services and information necessary for proper decision-making about health (Jaadzade, Heydarabad & Sharifirad, 2016). Inadequate health literacy is associated with issues such as inadequate understanding of health information, medical instructions, and implementing them, less resort to preventive measures, delayed diagnosis of diseases, inability in self-care skills and not leading a healthy lifestyle. Furthermore, epidemics of chronic disease and the rate of report to doctor and hospitalization are higher among individuals with health literacy problem.

National Assessment of Adult Literacy (NAAL) cited in Uju, (2014) measured the health literacy of adults living in the United States. Four performance levels were used in the health report to include; below basic, basic, intermediate and proficient. Reports had it that 36% of adults in US have limited health literacy, 22% had basic, 14% had below basic and 28% proficient. The report showed that low health literacy is higher among adults who spoke a language other than English before starting school. Education level low health literacy is higher among individuals who did not complete high school. More than 76% respondents in the survey who did not complete high school scored at the below basic or basic level of health literacy.

Although patients with inadequate health literacy appear to have worse risk-adjusted physical and mental health, the causal pathways leading to this are unclear. Prior studies found that lower health literacy does not adversely affect the use of outpatient physician services or a regular source of care. However, Scott & Colleague (2002) noted that patients with inadequate health literacy were less likely to use preventive health care services. Inadequate health literacy is linked to worse knowledge of proper health behaviour and, possibly to lower adherence to medical instructions. Individuals with lower health literacy may not lack access to health care services, yet quality of their experience may be compromised because of ineffective communication within the medical encounter, compounded by a lack of accessible health information resources. For instance, it has been noted previously that physicians often do not communicate at a level that is understood by patients with lower health literacy.



Health Literacy Situation in Nigeria

Criminal Intelligent Agency (CIA) world face book cited in Uju (2014) puts Nigeria's literacy rate at 61.3%. It records 72.1% male literacy and 50.4% female literacy. Accordingly, almost the 75% of the world's 775m illiterate adults are concentrated in ten countries including Nigeria. It stated further that extremely low literacy rates are focused in three regions: South Asia, west Asia and sub-Sahara Africa. Low literacy in a population is associated both directly and indirectly with a range of poor health outcomes (parker, 2000). There are therefore disappointments and fears about Nigeria's low literacy rates as it translates into low health literacy rates. These adversely affect the health and wellbeing of the citizens and the achievement of the Millennium Development Goals (MDGs). Low health literacy has remained a major problem in Nigeria among all strata of the population resulting in high disease burden on the masses, which sabotages developmental efforts of various governments with its attendant multiplier effects.

This low health literacy rate results in the prevalence of superstitious beliefs and practices that are harmful to the masses. According to Soetan (2013), the prevailing limited health literacy in the Nigerian society is central to patient safety, medication errors including appreciation for the role of health care service providers and patronage of quacks. He identified the adult who grapple with chronic age-related illness, children, especially with illiterate parents, people living in rural areas and the illiterate to be the most vulnerable groups. Apart from low basic literacy, other barriers to health literacy in Nigeria include underdevelopment of public libraries. The poor or rather abysmal attention paid to libraries is one major factor affecting Nigeria in attainment of high literacy rates.

Effect of low health literacy on patient outcome

Providing quality health information is at the core of service provision. People need access to impartial and high-quality information to enable them to make informed decision to empower themselves and the society. Poor health information can prevent people from making effective choices and without information; people have no real choices at all. However, lack of information can be damaging for patients, their relatives, health professionals and the entire society.

Low health literacy has been linked to higher rates of hospitalization and higher use of expensive emergency services. Schillinger, Grumbach, Piette & Wang (2002) in their study revealed that among primary care, patients with type 2 diabetes, inadequate health literacy is independently associated with worse glycemic control and higher rates of retinopathy. In addition, it may contribute to the disproportionate burden of diabetes related problems among disadvantaged population. Williams, Barker, Honig, Lee & Nowtan (1998) in their study revealed that inadequate literacy was common and strongly correlated with poorer knowledge of asthma and improper metered-dose inhaler (MDI) use. More than half of patients reading at sixth grade level or less reported they had to go to emergency department when they had an attack compared with less than a third of literate patients. Less than one third of patients with the poorest reading skills knew they should see a physician when their asthma was not symptomatic as compared with 90% of literate patients.

The annual health care costs for individuals with low health literacy skills are four (4) times higher than those with higher literacy skills (Weiss cited in Onotai, 2008). Patients with low health literacy and chronic diseases such as diabetes, asthma, hypertension etc, have less knowledge of their disease and its treatment. Moreover, patients with low literacy skills were observed to have a 50% increased risk of hospitalization compared with patients who had



adequate literacy skills (Gazamararian, Williams & Peel, 2003). Low health literacy contributes to socioeconomic disadvantage and may prevent individuals from fully engaging with society and achieving their life goals. It is a critical component of social capital and should be treated as such in policy debates not just in health but across all sectors (Ratzen cited in Onotai, 2008). An American study estimated that low health literacy costs the American economy up to 73 billion dollars per year (American Medical Association, 2009). Europe is spending millions in health care sector that may easily be prevented with improved health literacy (Rootman & Ronson, 2005).

Inadequate health literacy is linked to worse knowledge of proper health behaviour and possibly to lower adherence to medical instructions. Individuals with lower health literacy may not lack access to health care services, yet the quality of their experience may be compromised because of ineffective communication within medical encounter, compounded by a lack of accessible health information resources (Onotai, 2008). For instance, it has been noted previously that physicians often do not communicate at a level that is understood by patients with lower health literacy. In addition, most patients' education materials that are distributed in physicians' offices may be too complex, written on too high a level or not organized from patients' perspective. Over time, these factors could contribute to the worse health status seen among patients with low health literacy. The combination of medication errors, excess hospitalizations, longer hospital stays, more use of emergency departments, poor understanding of medical instructions and a generally higher level of illness, are all attributed to limited health literacy.

Health Information as a precursor for Functional Health

Providing patients with access to health information is necessary in delivering high quality care and to ensure patients get efficient care where and when they need it. Despite the important role of health information to successful self-management, it is noted that Nigeria is yet to establish an effective medium for gathering, storing and disseminating relevant data on health (Anyaku, 2014). Presently, there is limited access to health information because there are no organized consumer health information infrastructures like consumer health information centers, and patient access to health libraries or internet. Patients, especially in private owned hospitals are passive recipients of care and are generally denied basic health information needed for understanding their diseases and treatment modalities. Reacting to this scenario, the National Agency for Food and Drug Administration and Control of Nigeria (NAFDAC) cited in Anyaku, (2014) once instituted a national health campaign through various news media against the practice of deliberately concealing important health information such as disease diagnosis, name of prescribed drugs and treatment process from the patients.

Patients need relevant and much needed health information that is vital in self-care and decision making for their health. They must be able to access, utilize and share their health information. Patients need access to health information to help them understand the disease, clear any misconceptions that might deter them from taking appropriate treatment, and take good decisions on their care process to forestall undue development of complications. This is important in Nigeria where patients have various treatment options and opinions, both orthodox and non-orthodox. Similarly, patients need health information to develop the skills and emotional stability to cope with the physical and emotional discomfort associated with living with diseases. Identifying and satisfying health information needs play an important role in helping patients cope with the demands of their health condition.



Health information therefore, empowers patients to take control and improve their quality of life. Krep cited in Anyaoku, (2014) reiterated that relevant health information is a crucial resource that empowers people to make good decisions to enhance their health and wellbeing. They develop the skills, knowledge, attitude and degree of self-awareness necessary to effectively assume responsibility for their health-related decisions. Health information is essential in health care and health promotion because it provides both directions and rationale for guiding strategic health behaviours, treatments and decisions.

For health information to serve as a good precursor for functional health, it must be accurate, relevant and tailored towards the needs of the individual patient. This then means that health information should be systematically filtered, repackaged and presented according to the needs, social and cultural environment that might determine the use of information by the individual or patient group.

Health information has been variously described as the “foundation” for better health, as the “glue” holding the health system together, and as the “oil” keeping the health system running (Ippeveld, 2001). Health information gives knowledge that is known to be the enemy of disease. Brice & Gray (2004) stressed that knowledge is the enemy of disease only if it is put into action. They reiterated that utilization of available health information can prevent and reduce seven major healthcare problems observable in every system, namely; not knowing variations in policy and practice; waste; errors; poor quality clinical care; poor patient experience; the over enthusiastic adoption of interventions of low value and the failure to implement intervention of high value. The utilization of generated information for healthcare because of the value of health information lies in its utilization at the point of need.

Access to and use of health information by patients remains the overall most important need of health information for a healthy society. The patient or consumer is the epicenter of health information structure. The world will get it right only when people are stopped from dying daily by improving their access to health information. Patients, their caregivers from the last level of care to the tertiary must be routinely equipped with adequate health information for every day need. We live in the ‘information age’ but the reality is that most healthcare providers continue to be in dearth of information they need to deliver basic health care. As a result, loss of life and suffering continue unabated, jeopardizing the fulfillment of the millennium Development Goals. Therefore, improving access to relevant, reliable, current health information will prevent death and suffering. It will improve the lost effectiveness of drug prescription as well as the use of diagnostic and other facilities thereby increasing the efficacy of health systems. Therefore, health information providers must meet the global need for health information to be accessible, authoritative, accurate and timely.

Empowering patients/consumers through health information

Patients need access to health information to help them understand the disease, clear any misconceptions that might deter them from taking appropriate treatment and take good decisions on their care process to forestall undue development of complications. This is important in the Nigerian environment where patients/ consumers are confronted with various treatment options and opinions.

Similarly, patients need health information to develop the skills and emotional stability to cope with the physical and emotional discomforts associated with living with disease. Coulter, Entwistle & Gilbert cited in Anyaoku (2013) reported that identifying and satisfying information needs plays an important role in helping patients cope with the demands of their illness. Information therefore empowers patients to take control and improve their quality of



life. Feste and Anderson cited in Anyaoku (2013) defined empowerment as an educational process designed to help patients develop the knowledge, skills, attitude and degree of self-awareness necessary to effectively assume responsibility for their health-related decisions. Health information gives patients/consumers such opportunity to be properly informed about their health and to be part of the decision-making process for their health care.

Relevant health information is a critical resource that empowers people to make good and timely decision to enhance their health and well-being. Health information is essential in health care and health promotion because it provides both directions and rationale for guiding strategic health behaviour, treatment, and decisions. In disease care, empowerment leads to successful self-management in which case individuals have ability to manage symptoms, treatments, psychosocial consequences and life lifestyle changes inherent in living with a chronic condition.

For health information to serve as a good platform for patients' empowerment in chronic disease management, it must be accurate and tailored to meet the needs of the individual patient. This means the systematic filtering and repackaging of health information and presenting them according to needs, demographic, social and cultural environment that might determine the use of the information by the individual or patient group, is a key to self-management.

Currently, health care is shifting from organization-centered to patient-centered or citizen-centered care. ICT can play an essential role in this paradigm shift as it can empower patients and citizens by giving them access to their health information (Hagglund, Scandurra & Koch, 2008). In addition, patient participation has become more common in health care and patients and citizens request access to health data to enable their involvement in decision-making, engagement with their health care information and control of their care processes (Koch, 2012). With the aim to increase the engagement of patients in promoting health and managing illness, one prominent strategy taken by care providers and policymakers is to give patients access to health information and medical documentation. We do know that everyone has right to health information that helps him or her to make informed decision about his or her health. Health information should be delivered in ways that are understandable and beneficial to health, longevity and quality of life.

Medical Library as Agent of Health Information provision

Medical libraries in Nigeria are established to serve the information needs of health professionals and students. However, medical libraries are strategically placed to serve dual role of providing health information to health professionals and serve as consumer health information centre that serves the information needs of patients. The medical libraries according to Gathoni (2012), as an information resource has potentials to provide access to quality, reliable, relevant and up-to-date health information to patients

Smith & Duman (2009) explained that medical libraries have an emerging and significant role to play as providers and potential producers of health information. They have the advantage of being capable of offering a wide range of information with vast information resources at their disposal. Health information provision of the medical libraries should not just be that prescribed by health professionals but holistic information to meet every aspect of the life of a patient for his/her wellbeing, so as to offer less biased information.

Medical libraries in Nigeria need to extend their services to consumers like their counterparts in developed countries. The United States National Library of Medicine for instance,



maintains some health information websites such as MedlinePlus and ClinicalTrials .gov which serve both health professionals and consumers (Pullen, Jones & Timm, 2011).

To offer patient-centred information services to the populace, medical libraries in Nigeria need to be repositioned and supported by health authorities to be able to effectively discharge these duties. Eakin, Jackson & Hannigan cited in Anyaoku (2014), remarked that the extent to which medical libraries will become involved in-patient information would depend greatly on emphasis placed by the staff and administration on patient education. The librarians will be able to support the programmes of patient education by acquiring specific print or audiovisual materials requested by the educator and provide facilities for consultation and viewing. They will also broaden the programme by gathering information and reviews of other materials, obtaining publications on specific topics for distribution and organizing materials to meet particular needs.

In the same vein, the librarians who are to support and provide health information services should;

- (a) Build personal capacity by acquiring health literacy skills. This will help in elevating health literacy levels that will place them in a position to practice the skills and use the evidence to teach others and communicate health information.
- (b) Develop health literacy knowledge base through active and effective collection development activities.
- (c) Position themselves as professionals to determine which health information and services work best for different situations, literacy levels of patients and understand how to provide same.
- (d) Initiate policies or support advocacy moves to improve health literacy skills of patrons and the entire library community.
- (e) Develop information literacy competence to be able to guide doctors and other health professionals out of health information overload to process what seekers ask for and help them navigate their ways to accessing the relevant information.

If these are done, medical libraries in Nigeria will be able to serve as avenue for consumer health information for the people who may need information to manage their diseases or effect life style changes.

Challenges facing health information provision to patients

Certain challenges hinder the provision of health information in Nigeria. Some of these challenges include;

Inadequate human resources----There is need for adequate staffs that are health information literate to be able to provide health information to the people. These are inadequate in our health institutions. Staffs who have requisite knowledge and skills capable of providing health information and other health services should be able to assist patients in locating health information and related services and appreciate how health care information and services need to be tailored to varying circumstances and adapted for individuals to facilitate action are inadequate

Inadequate funding---Money is the bedrock for progress in any institution or establishment and lack/inadequate funding impedes success in any enterprise. Money is needed to acquire resources of information, increase staff strength, and obtain facilities that are crucial to health information provision. Information centres and libraries are not money generating ventures to



be able to meet the financial demand placed on them. Parent bodies or organizations do not make provision for funding to be able to provide health information to the people. This is a bane of progress and a big challenge affecting health information provision.

Lack of bibliographic control---This is due to high increase in publication of articles in micro documents both at national and international level in different fields. Health information centres do not have authoritative information materials written specifically for non-medical persons. Relevant and adequate information materials for the public are hardly available at government agencies and voluntary health organizations. It is not possible to judge quality of content from a title or source of a document, yet there is no comprehensive mechanism by which content may be judged.

Communication language barrier---Much of health information available in print and electronic formats is written for a level well above ordinary individuals using it. Medical information is often complex in terminology and written at an education level beyond what the general public can understand. Librarians must therefore, be sensitive to the users' needs and capabilities when guiding them to sources of information.

Insufficient knowledge of health education---Lack or insufficient awareness of the availability of readership in health education information challenges health information provision. There is general lack of education for information seekers to understand the emergence of new health information.

The way forward

There is need for more funding of health care information services to enable investment in adequate and qualified human resources and other facilities that will support health information provision. Information experts/Librarians should help to expand healthcare information services through campaigns/ health programmes, teaching, exhibitions and repackaging of health information to effectively meet the growing needs of large information seeking populace.

Health institutions administrators in collaboration with librarians should set up sections in their facilities to serve as health education centres. They should further market their services through outreach services to create awareness of information availability and accessibility. Consumer education efforts are important grounds in health information formulation policies.

Information specialists should play an important role in implementing consumer health information competencies in shaping public health education for the 21st century partnership between public health educators and information specialists through trans-disciplinary approach. Making current, accurate and reliable health information available in multiple formats, where and when consumers require it, remains the goal for health libraries and information centres must strive to achieve. A combination of strategic partnership and carefully built collections are the best assurance that libraries and health institutions will meet consumer health information needs.

Conclusion

Health literacy is of prime importance in public health to turn around the fortune of the public as regard their health matters. By improving people's access to health information and their capacity to use it effectively, it is important that improving health literacy is critical to empowerment. If achieving health literacy is something to go for, some rediscovery of the



importance of health education needs to occur together with a significant widening of the content and methods used.

Improving health literacy in a population involves more than the transmission of health task. Helping people to develop confidence to act on the knowledge and the ability to work with and support others will best be achieved through more personal forms of communication. The more health literate an individual becomes, the healthier will the individual be. So, patients need to be empowered with relevant health information on health matters that will allow them make the right choices concerning health matters for themselves and families.

Recommendations

1. There should be medical libraries in all health institutions in Nigeria to be stocked with relevant and adequate health information resources for the public
2. Health care professionals/Librarians should be trained with requisite knowledge and skills to handle health information provision to meet the information needs of patients
3. There should be awareness campaign to alert the public on the availability of health information resources for them to access to meet their health information needs
4. There should be health education centres in all health institutions for patients.

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