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Health Information Provision for the Vulnerable Orphans in Ogun State, Nigeria

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Abstract
This descriptive study investigated the health information provision for Orphans in Ijamido Children's Home Orphanage, Ado-Odo Ota Local Government in Ogun State. The study sought to find out the orphans' need for health information, their sources of health information, constraints to getting health information and their perception on availability of health information. The snowball sampling method was used to select 98 respondents for the study. The findings indicated that orphans need health information; they employed various channels such as radio, television, newspaper, church etc. to obtain health information. However, lack of access to health information, delay in getting health information, among others, are constraints to getting health information. It was therefore recommended that collective efforts should be made in order to provide adequate health information materials and professionals for effective health information delivery services to the orphans in orphanage homes and re-integration for better future.

Keywords:
Health information provision, orphans, vulnerables.

Introduction

Information is a resource for growth and development of an individual, an organization, or a nation (Ogunrombi, 2009). It strengthens individual ability for survival. The vulnerable needs to be well acquainted with relevant information that will give them access to their health needs. This will help them to survive and contribute meaningfully to the development process. According to Mohammed and Abule (2014), health information is seen as a major ingredient that facilitates effective health services delivery in a community. They further posit that the health professionals and members of the community who are the consumers of health services need health information services provision for a healthy society. Ibegwam (2013) suggests that the access to health information should be considered as equally important as access to drugs and equipment. According to him all are essential tools in the delivery of safe, efficient and effective care and /or advice.

Literature Review

The concept of Health Information

The concept of health information has many definitions. Mohammed and Abule (2014) sees the concept as the foundation for better health as 'glue' holding the health system together, and as the 'oil' keeping the health system running. Health information according to Health Insurance Portability and Accountability Act (HIPAA) (2005) is any information whether oral or recorded in any form or medium, that was created or received by health care provider, health planners, public health employer, life insurer, school or university or health care, clearing house; and relates to the past, present or future, physical or mental health condition of an individual or individuals.
Kamel (2003) posits that librarians working in health institutions can provide valuable information to consumers by marketing and creating awareness of their services through selecting, personalizing and filtering quality information to specifically meet their unique needs. This supports Zippers, Berendsen and Walton (2006) statement, that medical librarians can play an expanded role in health provision by accessing and reviewing medical information and therefore, resources and strategy experts in identifying and disseminating reliable information to different heath information seekers.

However, despite the numerous benefits attached to the health information service provision, it is obvious that there are some factors that hinder effective provision of health information service. According to Covell et al (1985) there are those problems that arise as a result of inadequate resources, untrained human resources, infrastructural problems include power outages. Others are lack of awareness, access training and time. In addition, Milimo and Tenya (2013) observed that in many communities health libraries are struggling with slashed budgets, reduced staff and competing priorities

Health Information Provision for the Vulnerable

The definition of vulnerability varies from society to society; therefore definitions are community specific. According to the World Bank's Thematic Group for the OVC Toolkit vulnerability, defined within a Social Risk Management (SRM) framework, is "the likelihood of being harmed by unforeseen events or as susceptibility to exogenous shocks." A vulnerable household is one with a poor ability: to prevent the likelihood of shocks hitting the household; to reduce the likelihood of a negative impact if shocks were to hit; and to cope with shocks and their negative impacts. In the perspective of SRM, vulnerable children are those who face a higher risk than their local peers of experiencing: infant, child and adolescent mortality; low immunization, low access to health services, high malnutrition, and high burden of disease; low school enrollment rates, high repetition rates, poor school performance and/or high drop-out rates; intra-household neglect vis-a-vis other children in the household (reduced access to attention, food, care); family and community abuse and maltreatment (harassment and violence); and economic and sexual exploitation, due to lack of care and protection.

The Federal Ministry of Social Development (2007) provides some key indicators determining children's vulnerability including children that are: from poverty stricken homes; with inadequate access to educational, health and other social support; live in a household with terminally ill parents or care-giver(s); live outside of family care, i.e. live with extended family, in an institution or on the streets; and infected with HIV.

In line with the above, the National Action Plan of Nigeria enumerates specifically the list of children perceived as extremely vulnerable in communities to include: children with physical and material disabilities, neglected children , child beggars, destitute children and scavengers, children from broken homes, internally displaced children, children who have dropped out of school and abandoned children. A child is vulnerable if, because of the circumstances of birth or immediate environment, is prone to abuse or deprivation of basic needs, care and protection and thus disadvantaged relative to his or her peers (FMWA&SD 2008). A vulnerable child is one (that): with inadequate access to education, health and other social support, has a chronically ill parent, lives in a household with terminally or chronically ill parent(s) or caregiver(s), lives outside of family care (lives with extended family, in institution, or on street), is infected with HIV (FMWA&SD, 2006). The list of categories of OVC is long and varied; in addition to the above, a vulnerable child includes: children in need of alternative family care; children who are abused or neglected; children in hard-to reach areas; children with disability related vulnerability; children affected by armed conflict; and children in need of legal protection (FMWA&SD, 2007). The FMWA&SD also gives a list of children perceived to be 'extremely vulnerable' in communities.

According to the President's Emergency Plan for AIDS Relief (PEPFAR) an OVC is "a child, 0-17 years old, who is either orphaned or made more vulnerable because of HIV/AIDS." PEPFAR recognizes that a vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously impaired, and the term OVC may refer to all vulnerable children, regardless of the cause. According to PEPFAR, a child is more vulnerable because of any or all of the following factors that result from HIV/AIDS: Is HIV positive; lives without adequate adult support; lives outside of family care; or is marginalized, stigmatized, or discriminated against. Robert Wood Johnson Foundation (2006) identified vulnerable populations as the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. Agency for Healthcare Research and Quality (2004) posits that it may also include rural residents, who often encounter barriers to accessing healthcare services**.** National Center for Health Statistics (2005) opined that the vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a usual source of care. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education (Robert Wood Johnson Foundation**,** 2006)

Health information provision for the vulnerable is important to any nation. They constitute an important percentage of the universe of all the vulnerable orphans that are estimated to be 153,000,000 million worldwide (worldwideorphans.com report, 2012). In Sub-Saharan Africa alone, there were 43 million orphans and millions of the orphans were in Nigeria (United Nations Children Education Fund, 2004) President Goodluck (2010) cited by Oche (2010) disclosed that 7.3 million out of the 17.5 million children in Nigeria were orphans. According to Aba (2010), the number is expected to increase rapidly to 8.2 million with the spread of HIV AIDS.
Orphans constitute one of the poorest, most marginalised and socially excluded groups in any society. They are subjected to extreme social, political, financial as well as cultural marginalisations. They are deprived of opportunities in all aspects of life, including access to essential services such as health care and education.

Orphans are faced with problem of survival. In an attempt to solve this problem they go about looking for information. But one gap which has not been completely closed in meeting the basic needs of the orphans by various stakeholders is the provision of adequate health information to orphans, to empower and enable these children to manage their lives better. Access to information is a human right and the most basic of all human needs.

Statement of the Problem

Health information provision at the right time and right place can help the vulnerable population manage their health and make optimal use of their healthcare resources. Health information provision is becoming an increasingly important part of healthcare. Therefore nobody should be left behind. There is reason to fear that vulnerable populations are being left behind. Many studies have been carried out on the causes, conditions, and prospects of orphans and vulnerable children in Nigeria (example Shetima, 2009; Aluaigba, 2009; Badamasiuy, 2009; The Rapid Assessment Analysis Action Planning (RAAAP), 2004, etc.).However, little or no research has been specifically carried out on health information provision for the orphans. This research was therefore carried out to fill this gap.

Research Questions

- Do orphans need health information provision?
- What are the sources and channels of health information used by orphans?
- What are the preferred formats of health information sources by orphans?
- What is the level of availability of health information to orphans?
- What are the existing organizations that provide health information to orphans?
- What are the problems associated with access to health information by orphans?
- What are the ways of improving the flow of health information to the orphans?

Significance of the Study

The study is very significant to care givers in orphanage homes as well as governments at local and national levels in Nigeria in meeting the health information needs of orphans. Thereby eradicate ignorance and entrench positive use of information. It will give Orphanage homes and Institutions the strategic direction they require to initiate health information system for orphans and other vulnerable children. Knowledge generated from the study forms an important component in the decision-making process and better treatment of orphans.

Research Methodology

The research was conducted at Ijamido Children Home Orphanage, Ado-Odo Ota Local Government of Ogun State to determine the health information provision for orphans. The respondents lived in Ijamido Children's Home Orphanage. The study site was carefully selected to be true representative of Orphans in the local government because of its lengthy and important history. It was established on the 17th December, 1958 by late South American nurse Chief Mrs Virginia Willoughby. A total number of 98 (43 males and 55 females) Orphans out of 138 aged between 13 and 26 participated in the study. The orphans that participated in the study were identified by way of recommendations by their coordinator using the 'snowball technique'. This is a technique whereby informants with special expertise identify participants who match the research criteria.

The questionnaire was adopted as research instrument used in gathering data for the study. The questionnaire included items concerning demographic characteristics of the respondents, information needs, sources and channels of information used by orphans, preferred formats of health information by orphans, the level of availability of health information to orphans, the existing organization that provides information to orphans, problem associated with access to health information by orphans and the suggestions for improving the flow of health information.

The researchers administered the questionnaire with the assistance of the coordinator of the home. 98 questionnaires were administered, completed and returned. The data was collated and simple analysis showing proportions and percentages was used to analyse the data for easy interpretation and inferences. Simple percentage analysis was used because it was appropriate for data obtained.

The vulnerable populations are many, ranging from racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, orphans, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness, rural residents, who often encounter barriers to accessing healthcare services**.** This study is limited to health information provision to orphans in Ijamido Children Home Orphanage, Ado Odo Ota Local Government of Ogun State, Nigeria.

Results and Interpretation

TABLE I: Distribution by Gender

Gender	Fx	%
Male	**43**	**43.87**
Female	**55**	**56.12**
Total	**98**	**100**

Table 1 shows that the majority of the respondents were female (56.12%) while the males constituted 43.87%

TABLE 2: Distribution by Age

Age	Fx	%
8-12	**Nil**	**0.00**
13-17	**50**	**51.02**
18-22	**35**	**35.71**
22 -26	**13**	**13.26**
TOTAL	**98**	**100**

From Table 11 above it was shown that majority of the participant were between 13 and 17 years

With the least from ages 13 to 17 while none of the respondent came from 8-12. They were considered not to match the research criteria by their coordinator.

TABLE 3: Educational Qualification

Qualification	Fx	%
Never went to school	**Nil**	**0.00**
Primary school	**Nil**	**0.00**
Secondary school	**74**	**75.51**
Tertiary school	**24**	**24.48**

Table 111 reveals that majority of the respondents (**75.51%**) are secondary school students while only 24.48% constitutes Tertiary Institution students.

TABLE 4: The need for Health Information provision

	Fx	%
Yes	**98**	**25.72**
No	**Nil**	**0**

In terms of the need for health information provision for orphans Table IV above revealed that all the respondents need health information

TABLE 5: Sources of Health Information for Orphans

Information services used	Fx	%
Radio	**43**	**8.66**
Television	**75**	**15.12**

Newspaper	**33**	**6.65**
Pamphlets/leaflets	**17**	**3.42**
Billboards/sign post	**19**	**3.83**
Caregivers, families and peers	**85**	**17.13**
Church	**60**	**12.09**
Mosque	**11**	**2.21**
Traditional leader	**3**	**0.60**
Government	**5**	**1.00**
NGOS	**18**	**3.62**
Internet	**14**	**2.82**
Worshops/seminars	**8**	**1.61**
Library	**25**	**5.04**
Social Workers	**80**	**16.12**
TOTAL	**496**	**100**

Table 5 above revealed that 75 (15.12% of the respondents used television as a channel through which they accessed health information. 80 (16.12%) indicated social workers as a channel through which they obtain health information. This gives us an insight that social workers had been visiting them from time to time. 85 (17.13%) indicated caregivers, families and peers as their sources of information. 60 (12.09%) mentioned church as their health information provider. This could be attributed to the fact majority of the respondents are Christians. Also, churches used to visit the place from time to time. 43 (8.66%) reported that radio is the source of their health information while 33 (6.65%) indicated newspapers as their source while 25 (5.04%) indicated library as their channel of health information. This can be attributed to the existence of a Resource Center donated by De United Food in the home. 19 (3.83%) indicated billboards/sign post while 18 (3.62%) indicated NGOS as their source of information. 17 (3.42%) of the respondents indicated pamphlets/leaflets as their channel of information. 14 (2.82%) indicated Internet as their school. 11 (2.21%) indicated mosque while 8 (1.61%) indicated workshops/seminars as their source of information. Government as the avenue through which the orphans received health information had only 5 (1.00%) as respondents. This shows government poor attitude to the plight of the orphans. Government should saddle the responsibility of providing necessary information that can enhance the standard of living of the orphans. Only 3 (0.60%) indicated traditional leader as their source of health information. This is a reflection of the attitude of our leaders to the plight of socially excluded.

TABLE 6: Preferred Format of Health Information Channels/Sources

Formats	**Fx**	**%**
Oral	**43**	**26.21**
Print	**34**	**20.73**
Electronic	**87**	**53.04**
Total	**164**	**100**

The participants revealed as shown in Table IV that they preferred Electronic format as health information channel to print format. The Electronic constitutes 87 (53.04%). The electronic format includes radio, television, internet, telephone. They indicated that preferred it to print media because it is faster and timely than the print Oral format followed the electronic media with 43 (26.21%) while print was the least preferred format of information, 34 (20.73%)

TABLE 7: Preferred Language of Health Information

Language	Fx	%
English	**87**	**88.77**
Local language	**11**	**11.22**
Total	**98**	**100**

Respondents were asked to indicate preferred language for health information provision. The participants' views are presented in Table 7 above. 87 (88.77%) of the respondents preferred English Language. The preference can be attributed to the fact that the founder is an American woman. Those who indicated local language were only 11 (11.2%).

TABLE 8: Availability of Health Information

Availability	Fx	%
Very Adequate	**7**	**7.14**
Adequate	**32**	**32.65**
Not Adequate	**59**	**60.20**
TOTAL	**98**	**100**

Table 8 above shows how adequate are the health information provision to orphans, 59 (60.20%) of the respondents indicated that the information at their disposal is not adequate while 32 (32.65%) revealed that it is adequate. Seven (7.14%) indicated very adequate.

TABLE 9: Constraints to getting health information

Constraints	Fx	%
Unavailability of health information	**59**	**26.10**
Lack of access to health information	**51**	**22.56**
Delay in getting health information	**38**	**16.81**
Inadequate health information	**46**	**20.35**
Wrong format of health information	**27**	**11.94**
Language Barrier	**5**	**2.21**
TOTAL	**226**	**100**

Data in Table 9 above revealed that unavailability of health information is a major constraints to getting health information with 59 (26.10%). 51 (22.56%) indicated lack of access to information. Inadequate health information, 46 (20.35%). 38 (16.81% indicated delay in getting health information while 27 (11.94%) indicated wrong format of health information as a constraint. Language barrier came last with 5 (2, 21%). Orphans encounter health problem that can be solved by information, the major challenge is the unavailability of information.

TABLE 10: Suggestions on how to improve the flow of health information

SUGGESTION	Fx	%
Government should provide information on where to get health information	**74**	**24.26**
Government should provide information on where to get free health service	**43**	**14.09**

Health Information should be disseminated through radio and television	**67**	**21.96**
More public library should be established to provide health information	**44**	**14.42**
Seminars and workshops should be organized regularly on health information	**17**	**5.57**
Information should be delivered orally on health information	**23**	**7.54**
Health Information should be disseminated in both local languages and English	**37**	**12.13**
Total	**305**	**100**

Table 10 provides some of the suggestions offered by orphans on how to improve the flow of health information. The majority 74 (24.26%) opined that the government should provide information on where to get health information. 67 (21.96%) indicated that health information should be disseminated through radio and television and government should assists while 44(14.42) recommended that more public library should be established to provide health information. It was suggested by 17(5.57%) that seminars and workshops should be organized regularly on health information. 37(12.13%) of the respondents are of the opinion that health information should be disseminated in both local languages and English while 23(7.54%) indicated that health information should be delivered orally.

Discussion of Findings

Access to health information underpins orphan's ability to empower themselves for survival. The finding of this study shows that the orphans need health information. The result of the study shows different health information provision sources to the orphans to such as radio, television, newspapers, pamphlets, billboard, church, friends' mosque, library social worker government etc. 85(17.13%) indicated caregivers, families and peers as their source of health information.

This finding corroborates with the assertion made by Lester J and Wallace C (2007) that numerous studies have demonstrated that most of us, at first effort, will turn to our families, our peers, and our personal knowledgeable neighbors to help resolve information needs. The worrisome aspect of information channel employed by the orphans was government coming last as information source used by the orphan with only (1.00%) as respondents. Governments as a source of information to orphans are distant on the information seeking strategy chain. The study also revealed library as distant in the information seeking strategy chain with 5% respondents. Another important finding is rating of health information availability by majority of the respondents as inadequate. This shows that health information provision for orphans is very low.

Conclusion and Recommendations

The study found out that orphan need health information and they used various information sources such as radio, television, church, government, seminars, and friends. But all these sources seem inadequate for their survival. In view of this, the following recommendations are made:

- Government should provide more health information to orphans. This can be done by anchor programme that directly address the health information need of the orphans in electronic and print media.
- Government should establish all inclusive national health information strategy that can provide basic information to the orphans.

- Also, government, charity organization and all other stakeholders should establish Resource Centers in orphanage home. This will go a long ways in meeting the health information needs of the orphans.
- Library should engage more on health information campaign, go to where the vulnerable are and provide them with right health information at the right time.

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