



Research article

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Information seeking behaviour of rural women on National Health Insurance Scheme in Ido-Osi Local Government Area, Ekiti State, Nigeria

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ABSTRACT

Background/Objective: Information seeking behaviour is considered as a human behaviour to look for information in a purposeful way to fill the gap. Information needs of rural women in the top rank are occupational related, child care and family relationship. Most information needs are health-related, such as information regarding certain diseases, how they are contacted, and treated. This study sought to identify the information seeking behaviour of rural women particularly, in relation to National Health Insurance Scheme in Ido-Osi Local Government, Ekiti State. **Methods/Design:** This is cross-sectional study of rural women in Ido-Osi, who sought care at Federal Teaching Hospital, Ido-Ekiti. **Result:** Among these women, 114 (82.6%) had not registered with NHIS and 92 (66.7%) never heard about NHIS. One hundred and two (73.9%) opined that the scheme provides free healthcare services to the populace, 99 (71.8%) joined due to specific health problem and 91 (66.0%) others joined because others joined and 84 (60.8%) would not spend their money to seek information about NHIS and their health needs. **Conclusion:** Most rural women in Ido-Osi in Ekiti Local Government lack the awareness and the right information about National Health Insurance Scheme. This has aggravated their apathy to seek information about NHIS and their healthcare needs. Therefore, health education and advocacy about National Health Insurance Scheme and healthcare in general should be made available to these women. Other social amenities that will take the world closer to the rural women is also advocated.

Keywords: Information Seeking; Health Services Delivery; Health Challenges; Health Information Seeking; Rural Women; Nigeria

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INTRODUCTION

Information behaviour is a wide term encompassing the ways individuals articulate their information needs, seek, evaluate, select and use information. Information is considered as a relevant resource that contributes towards the development of a nation. It provides the core of the development of knowledge, the basis for innovation, the resources for informed citizenry and as a result, becomes commodity for progress of individuals and societies at large.

Information seeking behaviour is considered as a human behaviour to look for

information in a purposeful way to fill the gap¹. Information behaviour is the totality of human behaviour in relation to sources and channels of information, including both active and passive information-seeking, and information use². It is a purposeful seeking of information as a consequence of a need to satisfy some goal². Information seeking behaviour is the micro-level of behaviour employed by the searcher in interacting with information systems of all kinds, be it between the seeker and the system,

or the pure method of creating and following up on a search².

Various factors may determine the information seeking behaviour of an individual or a group of Individuals. It is, therefore, desirable to understand the purpose for which information is required, the environment in which the user operates users' skills in identifying the needed information, channels and sources preferred for acquiring information, and barriers to information. Information seeking behaviour that results from recognition of some need is any activity of an individual that is undertaken to identify a perception that the current state of possessed knowledge is less than that needed to deal with some issue or (problem)³. Most information needs are health-related, such as information regarding certain diseases, how they are contacted, and treated⁴.

Seeking information about one's health is increasingly documented as a key coping strategy in health-promotive activities and psychosocial adjustment to illness⁵. We live in a digital age that has changed the landscape of health information⁴. People are living with chronic diseases that require being up-to-date on their disease-specific health information⁶. The rising cost of healthcare services as well as the inability of the government health facilities to cope with the people's demand necessitated the establishment of National Health Insurance Scheme (NHIS). NHIS is a form of healthcare financing in Nigeria. A healthcare financing system involves the means in which funds are generated, allocated, and utilized for health care⁷. In Nigeria, poor medical facilities, shortage of healthcare providers, lack of awareness, and poor funding have been identified as challenges that affect the efficacy of NHIS⁸⁻¹¹. However, it has been a form of social insurance that cater for the health of the

Nigerian populate especially at the public sector, irrespective of their financial status.

The behaviour of rural women towards information is often focused on various primary activities such as farming, cooking, trading and so on unlike urban women who search for information through various means using internet mostly. Information needs of rural women in the top rank are occupational related, child care and family relationship¹². Generally, rural dwellers are medically deprived¹³. Factors that usually determine their health seeking behaviour may include type of ailment, availability of money at the time of illness, age, religious background, educational background, severity of sickness, and household position among others¹³. Although socially disadvantaged women were less likely than better-off women to consult private providers, the majority of even the poorest, uneducated, and lower-caste women in India consulted private providers¹⁴. Whereas, Nigerian rural women are medically deprived and accessing care at the seemingly cheaper public health facilities is difficult¹³. In India, geographical access to public health facilities had no significant association with choice of provider, whereas access to private providers had only a moderately significant association with that choice¹⁴.

Giving the high cost of healthcare in Nigeria, it is believed that rural women are expected to seek information relating to government activities towards reducing the cost of healthcare and making good healthcare accessible to rural women. Therefore, this study sought to identify the information seeking behaviour of rural women particularly, in relation to National Health Insurance Scheme in Ido-Osi Local Government, Ekiti State.

METHODS

Study setting

Ido-Osi Local Government Area is basically an agrarian society with people cultivating root crops and grain. They have a few cottage industries in the Local Government devoted primarily to the processing of agricultural produce. Ido-Osi Local Government is one of the sixteen (16) Local Government Areas of Ekiti-State, Nigeria. The local government is full of rural towns and villages that cherishes education and has almost 10% of the total professors in the country, and one of the local government districts of the Ekiti State. The local government comprises towns like Aaye, Ido, Usi, Ayetoro, Ilogbo, Osi, Ifaki, Orin, Ora, Igbole and some other smaller villages.

Study design

This is cross-sectional study.

Study population

The target population were women of the different sectors of the economy from Ido-Osi LGA, who accessed care at Federal Teaching Hospital, Ido-Ekiti in between November 2017 and February 2018.

Sampling techniques

Simple random sampling technique was used to select participants for this study.

Sample size

One hundred and fifty rural women from Ido-Osi were recruited to participate in the study.

Data collection tool

The research instrument adopted for this study is structured questionnaire. The questionnaire addresses the information seeking behaviour of rural women on NHIS. The questionnaire was administered in persons by the researcher to the participants.

Data analysis and management

Data analysis was carried out using SPSS Version 16 and computations done include

simple frequency counts, percentage distribution and correlation matrix.

Ethics

Informed consent was obtained from all participants after given necessary details about the study and their liberty to opt out from the study at will.

RESULTS

Our study of information seeking behaviour of women in the rural areas shows that 81 (63.1%) were between the ages of 36 and 55 years, 70 (50.7%) were married, 24 (17.3) possess minimum of secondary school certificate and 54(39.3%) were into farming. Among these women, 114 (82.6%) had not registered with NHIS and 92 (66.7%) never heard about NHIS. One hundred and two (73.9) opined that the scheme provides free healthcare services to the populace, 99 (71.8%) joined due to specific health problem and 91 (66.0%) others joined because others joined (Table 1). On participants' information seeking, 77(55.8%) get listen to radio programme, 63 (45.7%) visit the hospital or other healthcare facilities to seek information about their health and 84 (60.8%) would not spend their money to seek information about NHIS and their health needs.

DISCUSSION

Most of the women in our study are peasant farmers and were not well-informed about NHIS. The study reveals a very significant portion of rural women who have not registered with NHIS. The socio-economic characteristics of a people are major determinants on how informed they are and how they react to their social needs including health seeking behaviour. This is supported by previous study where being rural dwellers of low socio-economic status affected the way people seek for health information and healthcare services¹³.

Most of those who joined were either driven by specific health problems or did so because other people around them joined the scheme. Our findings on decision to join NHIS due to specific health problem is in agreement with an earlier study¹³ from the same Ekiti State, where type of ailments suffered by those who patronise health facilities through NHIS was a major reason for their decision to seek healthcare services. It is also in consonance with a study from US, where some participants delayed procedures, some avoided care until absolutely necessary¹⁵. This may generate issues on whether the people are not mindful of their health and as such, may not want to seek care just like it was identified in a study¹⁶ that people who are sceptical about medical care are less likely to visit the doctor or receive routine preventive services.

Table 1: Perceptions on NHIS

	Agreed (%)	Disagreed (%)	Mean
The scheme provides free access to medical care	102(73.9)	36(16.1)	3.27
I joined the scheme when I had a particular health problem	99(71.8)	39(28.2)	3.07
Health services under NHIS is cheap and affordable	95(68.9)	43(31.2)	3.15
I joined the scheme because others joined	47(34.1)	91(66.0)	3.03
No reason	29(21.0)	109(78.9)	2.91

Although a little above half of participants from our study listen to radio programme to seek information about NHIS, less than half of the women seek care from the health facilities. This is not so for participants from a study¹⁵, where most participants preferred to be talked to by the

healthcare providers on matters that concern their health.

Table 2: Information seeking behaviour

	Agreed (%)	Disagreed (%)	Mean
I go to the hospitals to find out about NHIS	63(45.7)	75(54.3)	2.52
I take my time to listen to radio programmes that discusses health related issues.	77(55.8)	61(44.2)	2.65
I spend extra cost to ensure that my television is on to watch health related programmes.	60(43.5)	78(56.5)	2.56
I create time to chat with my friends and neighbours on health related issues.	52(37.7)	86(62.3)	2.42
NHIS officials are always my target of source of information regarding the scheme.	48(34.8)	90(65.2)	2.39
It is my habit to read handbills that have to do with NHIS.	55(39.9)	83(60.1)	2.39
I take my time to meet with newspaper vendor to ask about information regarding NHIS.	27(19.5)	111(80.5)	2.45
I discuss information acquire regarding NHIS with people to ascertain the authenticity of the information	54(39.1)	84(60.8)	2.42
I often ask for information about NHIS each time I visit the hospital.	62(45.0)	76(55.1)	2.56
I am ready to spend money to get information about NHIS if the need arises.	54(39.1)	84(60.8)	2.5

Unlike participants in a study from Ondo State, a neighboring state to Ekiti, who knew the importance of information and obtain same from family members, friends and relatives, participants from our study demonstrates apathy to seek information regarding their healthcare. This may deny these rural women the opportunities abound in National Health Insurance Scheme.

Study limitations

The study was limited to only those who attended care at the tertiary hospital. This may not be a good representation of the rural women in Ido-Osi LGA.

Conclusion

Most rural women in Ido-Osi in Ekiti Local Government lack the awareness and the right information about National Health Insurance Scheme. This has aggravated their apathy to seek information about NHIS and their healthcare needs. Therefore, health education and advocacy about National Health Insurance Scheme and healthcare in general should be made available to these women. Other social amenities that will take the world closer to the rural women is also advocated.

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REFERENCES

1. El-Maamiry AA. The information-seeking behaviour of students: a case of University of Dubai. *Global Journal of Computer Science and Technology*. 2017;17(1):1-7.
2. Wilson TD. Human Information Behaviour". *Informing Science*. 2000;3(2): 49–55.
3. Wilson TD. 1981. On user studies and information needs. *Journal of Documentation*. 198a;37(1):3-15.
4. Mooko NP. The information behaviors of rural women in Botswana. *Library & Information Science Research*. 2005;27(1):115-127.
5. Lambert SD, Loiselle CG. Health information seeking behavior. *Qual Health Res*. 2007;17(8):1006-19.
6. Jacobs W, Amuta AO, Jeon KC. Health information seeking in the digital age: an analysis of health information seeking behavior among US adults. *Journal of Cogent Social Sciences*. 2017;3(1). doi: 10.1080/23311886.2017.1302785.
7. Olakunde BO. Public health care financing in Nigeria: Which way forward?. *Ann Nigerian Med* 2012;6:4-10.
8. Agba AM, Ushie EM, Osuchukwu NC. National Health Insurance Scheme (NHIS) and Employees' Access to Healthcare Services in Cross River State, Nigeria. *Glob J Hum Soc Sci* 2010;10:9-16.
9. Ibiwoye A, Adeleke IA. Does National Health Insurance Promote Access to Quality Health Care? Evidence from Nigeria. *The Geneva Papers* 2008;33:219-33.
10. Mohammed S, Sambo MN, Dong H. Understanding client satisfaction with a health insurance scheme in Nigeria: Factors and enrollees experiences. *Health Res Policy Syst* 2011;9:20.
11. Sanusi RA, Awe AT. Perception of National Health Insurance Scheme (NHIS) by Healthcare consumers in Oyo State, Nigeria. *Pak J Soc Sci* 2009;6:48-53.
12. Ijiekhuamhen OP, Omosekejimi AF. Rural women and their information seeking behaviour.
13. Omotoso O. Health seeking behaviour among the rural dwellers in Ekiti State, Nigeria. *African Research Review*. 2010; 4(2):125-138.
14. Rani M, Bonu S. Rural Indian women's care-seeking behavior and choice of provider for gynecological symptoms. 2003;34(3):173-185.
15. Green CA, Johnsom KM, Yarborough BJH. Seeking, delaying and avoiding routine health care services: patient perspectives. *Am J Health Promot*. 2014; 28(5): 286–293.
16. Fiscella K, Franks P, Clancy CM. Skepticism toward medical care and health care utilization. *Med Care*. 1998;36:180–189.

Authors Contribution:

OOA conceived of the study, initiated its design, participated in literature search, data collection, analysis and coordination and drafted the manuscript. HY participated in the design, data analysis and coordination and reviewed the final manuscript. AA, AKO and AD participated in the design, data analysis and coordination and reviewed the final manuscript.