



Literacy and Health Seeking Behaviours among Patients in Benue and Cross River States of Nigeria

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ABSTRACT

This paper is a report of a study carried out to determine the relationship between out-patients literate status and their health seeking behaviour. It was a survey study in which a questionnaire was administered to a total of 451 outpatients in four health facilities in Benue and Cross River State of Nigeria. The data collected showed no significant differences in the health seeking behaviour of literate and non-literate patients in terms of:

1. Their knowledge of personal health statistics.
2. Their ability to access health information within a health facility.
3. Their ability to make informed choices of a health facility to attend.
4. Their ability to follow up treatment.

Among others, it was suggested that health literacy should be an integral part of all literacy campaigns

INTRODUCTION

The eradication of illiteracy is central to United Nations' well articulated millennium development goals (MGD); the obvious reason being that functional literacy is the key to quality living. Healthy living is a function of one's ability to access quality food, clothing, housing, health facilities, good transport/ communication, entertainment and leisure, (Mbipom, 1993). One cannot therefore conceive of development without literacy for the simple fact that both are two sides of the same coin, one complementing the other. Development on the other hand cannot be conceived of without a thought about health and healthy living for as a popular saying goes 'a healthy nation is a wealthy nation'. Thus the concept of development is intricately intertwined with literacy and healthy living.

Literacy and Health Seeking Behaviours among Patients

A casual walk into any health facility worth its salt presents one with the realities of the close link between literacy and health. There would usually be an array of “need-to-be-read” materials including health posters, door signs and medical forms of all sorts. An illiterate patient is thus faced with the task of seeking out help to get through the very preliminary stages of consultations. Even literate patients have their own problems trying to sort themselves out of the reading and even speaking demands of a hospital. Apart from the need to be able to access written or visual information, there is also a need to be able to express oneself orally. There is thus a close link between language ability and other aspects of life.

DIMENSION OF LITERACY

Romaine (1994:205) aptly captures the relationship between language and other aspects of life in the following words;

There are many areas of public life where language has an impact; such as the medical and legal professions (But) problems ... arise from language use in these contexts ... especially Where there is a mismatch of difference in language involved between the participants such as doctor and patients.

One important detail that never fails to catch the eye of any health researcher doing community diagnosis simply states that a large percentage of the population has never gone to school or is illiterate. The implications for the health services cannot be overlooked. This is why literacy remains a recurrent theme in UNESCO documents.

Literacy goes beyond ability to read and write. The Nigerian blue print and action for the Eradication of Mass Illiteracy describes literacy as the “ability to possess the basic skills of reading, writing and to calculate numbers for everyday use”. UNESCO’s definition of a literate person is similar to this, but expands to functional literacy which entails the functional use of reading, writing and calculating for personal and community benefit.

Today, the concept of literacy has expanded to include print literacy, computer literacy, visual literacy and environmental literacy, (Inyang-Abia, 1991). Even under print literacy, there are specific literacy skills in specific content area like health literacy (which is the concern of this paper). The ability to read and write does not therefore confer a full literate status even to an academic whose profession demands reading and writing. This is because beyond reading and writing are many other literacy skills that are required to live a full and functional life in today’s globalized and hi-tech world. Health literacy particularly involves oral skills (ability to describe) one’s ailment for instance); visual skills to interpret health information, which are presented in posters; print literacy to read health information like directions for use of drugs etc. Computer literacy is increasingly becoming a yardstick for measuring one’s information base. As it is, the next five to fifteen years will witness high increases in the rates of ignorance about many things if efforts are not made to take computer education to the grassroots. Indeed,

one's life depends on one's level of computer literacy since as Inyang-Abia, (1991:79) rightly puts it, "all facets of life have now become vulnerable to the compelling attack of the computer". If we consider that ignorance has been described as a deadly disease, we envisage a large population of Nigerians presently in a state of ill-health since they cannot access the vast reservoir of information thus daily being uploaded in the net. The inability to access relevant information thus has grave repercussions in decision-making especially where such decisions concern life.

HEALTH-SEEKING BEHAVIOUR

Health has been described as a state of physical and mental well being. This simple definition can be expanded to include a wide range of physical and mental conditions including simple physical discomforts like thirst and mental conditions like forgetfulness. At every point, man must strive either to stay free of disease or to reduce the pain/discomfort and die peacefully and (if possible) happily.

The process of staying healthy requires health education which can be received formally within a school system, or informally (since education itself is a continuous process) outside the school. Wherever it is received, health education demands a literate mind. Staying healthy requires the ability to access timely and relevant information on both preventive and curative measures. It also requires the ability to make the right decisions at the right time based on available health information. In this regard, Moronkola (2000) notes:

...for individual and groups to have health status they must be health informed and empowered to use health information they have to exhibit positive health attitude and behaviour (p.1)

Healthy living includes among other things, one's ability to relate appropriately with his/her environment. It covers issues of sanitation, housing/ forestation/deforestation etc. all of which require some level of education that translates to the ability to access information, usually print or pictures.

Considering the many facets of healthy livings, very little can be achieved in terms of staying healthy without some form of literacy. It is indeed becoming increasingly imperative for even those who already possess basic literacy skills to go beyond this to be able to stay healthy as they require special skills to:

- i) Access health information's.
- ii) Fill out health related forms
- iii) Explain health conditions to a doctor.
- iv) Function properly as caregivers to those who are ill.
- v) Understanding the workings of a body system to notice anomalies
- vi) Eat rightly.

Literacy and Health Seeking Behaviours among Patients

THE PROBLEM

There is a variety of health-related information which includes the following:

- Prescriptions.
- Laboratory requests/reports.
- Measures of body temperature, weight, blood pressure.
- Manufacturing and expiry dates on consumable products especially oral products like packaged food and drinks.
- Health information posters or even signboards signaling health facilities and the services rendered and schedules for such services.

The issue, therefore, is that even those who are supposedly literate do not read health related documents that are essential for healthy living. This is because of a poor reading culture that has become a characteristic feature of Nigeria's literate population.

When people fall ill and decide, rightly too, to attend health clinics/hospitals to seek relief for their ailments, they expect nothing less than this relief. However, their inability/reluctance to read may become a clinical factor in the search for well-being. In the first instance, their choice of the hospital maybe predicated upon lack of adequate information.

Secondly, even when a right choice of hospital has been made, a patient may have delayed access to health services due to illiteracy or literacy. For instance, at the reception point, there maybe need to access written information about consultation times/locations; about where to do preliminary routine checks before seeing the medical officer in charge etc. Patients sometimes spend long hours queuing up at among locations or expending a lot of energies moving from one location to another seeking direction.

Most often, Illiterate patients have to attend clinics with literate relations to help them move around the hospitals reading directions and sorting out other literacy-related issues. As a result, most other relations have to abandon their own work, losing working hours, reducing productivity and increasing poverty.

Some people go to health clinical/hospitals not knowing anything about their own health history. Even many literate people do not care to do routine checks on themselves with the result that health services are delayed to enable the health personnel do all the necessary preliminary investigations.

Purpose:

This study is a report of an investigation to determines the relationship between literacy and health seeking behaviours out-patients attending health clinics/hospitals in Benue and Cross River States of Nigeria. The specific objectives of the study are: to determine the relationship between patients' literacy status and their health seeking behaviours in term of:

- 1 Their knowledge of personal health indices.
- 2 Their ability to access health information within a health facility.

3. Their ability to make informed choices of a health to attend.
4. Their ability to follow up treatment.

The Method

A brief questionnaire consisting of open ended and force choice items was constructed seeking to elicit information on patients' literate status [whether they could read and write] and on their health seeking behaviours as summarized in the research objectives.

Over a period of 12 weeks the questionnaire was administered by health personal on outpatients in four health facilities; two in Benue State and two in Cross River State. A total of 451 patients responded to the questionnaire: 74 illiterate patients [I cannot read and write] and 377 literate ones [I can read and write]. From the 377 literate patients.

Findings

- The illiterate patients may be confusing consultation due to ill health and consultation for routine check up.
- The literate patients may have an edge in knowing their blood group because of school and or job requirement.
- Body weighing not routinely carried out during outpatients' consultation due to large turn out.
- Very significant that both literate and non-literate patients do not routinely check their blood pressure.
- More needs to be done to drive home the message of VCT for HIV at the grass roots.
- Only 19 % literate patients read directions and a similar % depended on relations as escorts, while the rest (literate) and all the non-literate ones depended on relations and health workers at guides.
- Above half the population of both literate and non-literate patients (65% and 66% respectively) depended on someone directing them to a health facility.
- It was surprising that none of the illiterate patients would want to go to a herbalist in the face of apparent non-improvement but rather stick to orthodox health facility.
- The more literate the patient was the less the belief in orthodox healthcare.
- More literate outpatients patronized traditional healers than the non-literate ones.
- No significant in patients reaction at onset of ailment except that more literate outpatients attend prayer homes as first choice of treatment.

CONCLUSION

This study has revealed that literacy goes beyond reading and writing. Access to health information and services requires that patients do not only learn how to read and write but should ask for relevant health information to give them access to quality living which is central to development

RECOMMENDATIONS

- Adult literacy interventions at all levels of government should involve components of health literacy.
- Reading Associations should organize Health literacy campaigns for both literate and non-literate populations.
- Public Health Departments should go extra mile in routinely giving Health literacy talks to patient within their facilities.
- Health professionals should demystify basic health statistics to patients.

REFERENCES

- Inyang-Abia, M. E. (1991) Dimensions of Literacy for all by the year 2000: implications for Teacher Education and Media Design and Production in Aborderin A.O, Abe, E.A and Onukaogu, C.E (eds): Literacy and reading in Nigeria Vol 6 (pp 73-82).
- Mbipon, G. (1991) Functional Literacy through the Effective Implementation of the National Education Policy and Adequate Community participation. In Aborderin A.O, Abe, E.A and Onukaogu, C.E (eds): Literacy and reading in Nigeria Vol 6 (pp. 253-262).
- Moronkola, O.A. (2002) Health Education or Health Promotion. What is in a name? In Ademuwagun, Z.A, Ajala, J.A, Oke, E.A., Moronkola, O.A and Jegede, A.S (eds) Health Education and Health Promotion Ibadan: Royal People Ltd.
- UNESCO (1976) "Experimental World Literacy Programme" Working Document 2 Report and Synthesis of Evaluation.