

## **Awareness and Use of Health Information by Male Workers in Ibarapa East Local Government, Oyo State Nigeria**

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### **ABSTRACT**

The study examined the awareness and use of health information by male workers in Ibarapa East Local Governments in Oyo State. The descriptive survey method of investigation was adopted for this study as the most appropriate design. Primary data were obtained from 173 respondents using the stratified sampling technique with equal allocation method, by means of unstructured questionnaire. Data were analysed using frequency count and percentage with the aid of SPSS Version 21. The study revealed that there was a level of awareness of health information by male workers in the selected Settlements in the Local Government Areas. Majority of the respondents use health information purposely for Planning and resource allocation. It was concluded that Federal, State and Local Government of Nigeria with health protection Agencies can support and help promote the awareness and use of health information by male workers in Ibarapa East Local Government in Oyo State by providing various factors for their awareness such as Diarrheal Diseases, malaria, HIV, Lower respiratory infections, road injuries etc. The study recommends that Federal, State and Local Government should provide awareness to male workers in Local Government most especially on health issues and sensitize workers to take good care of their health and environment which they work and belong to.

### **Introduction**

Reliable and timely health information is an essential foundation of public health action and health systems strengthening both nationally and internationally. Nevertheless, such information must be accessible and put to use. Information if disseminated appropriately is a critical resource for people and communities in both rural and urban areas (Okogbe, 2002). However, the lack of information provision in rural contexts remains a problem. Haq, Hall, Thompson and Bryant (2009), reported that “Health, which is a state of complete physical, mental and social well-being....is a fundamental human right...”. “The attainment of the highest possible level of health is a most important world-wide social goal...” Therefore, health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. Haq et al. (2009) agreed that, the promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace. Osunwa (2007) observed that the concept of health also

embraces "a good state of spiritual well-being." He based his point of argument that "there can be no good health in the "absence of spiritual purity." He observed further that, "a healthy body and social entails: (a) A life free of disease (b) A life free of physical disability (c) A life of mental retardation (d) A life free of social shortcomings (e) A life free from psychological problems.

The Health Metrics Network (HMN) is founded on the premise that better health information means better decision-making, leading to better health (WHO, 2008). The current practice, particularly with the proliferation of technologically-driven information channels, has made health education to still continue to focus more on providing health information to the public without paying due attention to the nature of the media chosen. Health information is a phenomenal that is all encompassing and cut across all kinds of health issues such as physical illness, mental health and public health. Based on the importance of health information in Nigeria, Government created an act for health information to establish strong and effective mechanisms to protect the privacy of individuals with respect to their health information and to protect the confidentiality of that information. The Health Information Act contains rules about the collection, use and disclosure of health information and aims to make the process transparent to those involved in the health system as well as to the general public. These rules are intended to protect the privacy of individuals and the confidentiality of their health information; ensure that health information is shared appropriately; and ensure that health records are managed and protected properly (Alberta, 2011).

A good state of health can be maintain through awareness of health information such as: Awareness about malaria, HIV, Diarrheal Diseases, road injuries, Protein-Energy Malnutrition, Cancer, Meningitis, Stroke, Tuberculosis, cholera, hypertension, Coronary artery disease, diabetes, asthma, pneumonia, Heart disease, Liver disease, Heart attack and Excessive body weight. Haq et al. (2009) carried out a study on Primary Health Care: Past, Present and Future and reported that Essential health care is based on practical, scientifically sound and socially acceptable methods and technology that is made universally accessible to individuals and families in the community. It forms an integral part of the country's health system and of the social and economic development of the community, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. This as a result of broadcast media intervention in disseminating such information to people in the different region is what Omoera and Aihevba (2012) reported in their study on Broadcast Media Intervention in Mental Health Challenge in Edo State, Nigeria. They found out that television and radio are contemporary barrier-breakers that could be used to reach-out on social/health causes, including mental health issues. They further claim that this technologically negotiated reaching-out or dissemination of information naturally flows to all manner of persons regardless of their place of abode, class, political, social or religious orientations and persuasions.

Awareness and access to information is becoming increasingly important for individuals' health decisions. Recovery after illness, sickness absence and rehabilitation also involve decisions that are likely to be better if based on relevant information (Martensson and Hensing, 2011). Furthermore, there seems to be a growing and sometimes implicit obligation on the part of individuals to search for information themselves, to understand rights and responsibilities and to make decisions in health issues. According to Abdulraheem, Olapipo and Amodu (2012) one

of the hindrances to the development of health especially in Nigeria has to do with insufficient number of medical personnel as well as their uneven distribution. This is particularly so when resources are limited and funding-allocation decisions can mean the difference between life and death. The need for sound information is especially urgent in the case of emergent diseases and other acute health threats, where rapid awareness, investigation and response can save lives and prevent broader national outbreaks and even global pandemics. Use of health information means applying health information for a purpose that includes reproducing the information, but does not include disclosing the information (Alberta, 2011).

It is in this respect that Omoera and Aihevba (2012) argue that radio and television media can readily provide congenial platforms for people to interact, with the intent of sensitizing and mobilising others to individually or collectively support identified social causes or objectives in spite of their differences in contemporary Nigerian society. Therefore, there is a need for a national approach to health education/promotion/behavior change. Alao (2004) cited in Yahaya, Jimoh and Balogun (2010) reported that HIV/AIDS is a major source of concern all over the world as it constitutes a major source of death and a threat to national development. Coulter et al. (2006) carried out a study on assessing the quality of information to support people in making decisions about their health and healthcare and found out that, for most patients, the first and most trusted information source is their doctor, although many also seek out supplementary information from a variety of sources. Many are active information-seekers, not because they naturally distrust the doctor, but because they have a greater awareness of the variety of medical opinions and are used to seeking information from a variety of sources before making major decisions of any sort. Broadcast information on Radio is the major factor that promotes awareness of health information by health workers. This can be easily owned and access by individual living in the rural and urban regional area to know the state of their health and the method for improvement (Nwadiuwe, 2012). Nwadiuwe (2012) reported that considerable barrier to reproductive health communication in Nigeria is illiteracy. He further reported that many people cannot read health messages printed in newspapers, posters, billboards and pamphlets even where they are printed in the vernacular. Consequently, reproductive health information carried on such channels is often lost and ineffective. Yet, most health education campaigns are executed by government agencies as part of public service. These agencies prefer to use the ill-equipped public-owned mass media channels to save cost. This scenario is further compounded by interference from political parties in power. Coulter et al. (2006) reported that good quality health information is essential for greater patient involvement in healthcare. Patients and the public require information that is timely, relevant, reliable and easy to understand. This is an essential component of any strategy to promote health literacy, self-care, choice, shared decision-making, medication adherence and self-management of chronic disease. Patients have many decisions to make about their healthcare and, like all decision-makers; they require information to inform their choices. Reliable information is also essential to help patients understand their health problems and how to deal with them.

However, a greater percentage of the country's urban population lives in the slums under conditions of poverty. Many of them cannot afford newspapers and television sets although most own radio sets. Despite owning radio sets, many urban dwellers in Nigeria prefer to play music or watch movies rather than listen to the radio. Thus, health message on radio would tend to reach fewer of the desired number targeted. With so much energy channeled into the provision of reproductive health information to the public, there also appears to be little invested into

receiving the feedback, which would have allowed the target populations to take initiatives and contribute to communication plans and strategies for action. Thus, many communication projects fail to make the intended impact as the target audiences remain apathetic despite the information being disseminated (Nwadike, 2012).

### **Objectives of the study**

The objectives of the study are as follows:

- investigate the level of awareness of health information by male workers in Ibarapa East Local Governments Areas;
- identify factors that promote awareness of health information by male workers in Ibarapa East Local Governments Areas;
- identify factors that hinder awareness of health information by male workers in Ibarapa East Local Governments Areas;
- examine the purposes for which male workers use health information in Ibarapa East Local Governments Areas;
- investigate the frequency of use of health information by male workers in Ibarapa East Local Governments Areas;
- identify factors that promote use of health information by male workers in Ibarapa East Local Governments Areas;
- identify factors that militate against the use of health information by male workers in Ibarapa East Local Governments Areas;

### **Methodology**

The descriptive survey method of investigation was adopted to conduct the study. The questionnaire was the main data collection instrument. The population for the study consisted four farming communities out of the 60 settlements which constituted seven percent (7%) of all the town and settlements in Ibarapa East Local Governments. These settlements consisted (Idi-Ata, Maya, Aborerin and Temidire) in Ibarapa East Local Governments, Oyo State. The population comprised 3,470 males (Local Government Census 2006). The stratified sampling technique with equal allocation method was used to select 4 settlements in Ibarapa East Local Governments, making a total of 173 male workers. The reliability of instrument was tested to be 0.98 using Cronbach-Alpha method.

### **Literature Review**

Male workers in Ibarapa East Local Government use health information purposely for Planning and resource allocation, Health system management, Consultations purposes, Public health surveillance, Health policy development, to identify the ‘best’ healthcare providers, to identify further information and self-help groups, to obtain payment for the services provided on health information and to provide, coordinate, or manage health care and related services, for treatment purposes, to provide quality care to all, to legitimize help-seeking and concerns, to gain a realistic idea of prognosis, to learn about available services and sources of help, to understand the processes and likely outcomes of possible tests and treatments and to assist in self-care.

### **Results and Discussion**

#### **Table 1: Questionnaire response rate**

S/N	Name of Local Government	Sample	Percentages (%)
1	Idi-Ata	75	43.4
2	Maya	37	21.4
3	Aborerein	45	26.0
4	Temidire	16	9.2
	TOTAL	173	100

A total of 173 copies of the questionnaire were administered to respondents in the four settlements, which were duly completed and returned and were found to be valid for analysis. This represents a total of 100% response rate as revealed in Table 4.1.

**Table 2: Occupation of the respondents**

Occupation	Frequency	Percentage (%)
Teaching	12	6.9
Trading	51	29.5
Undergraduate	25	14.5
Health providers	58	33.5
Office clerks	27	15.6
Total	173	100.0

Highest number of respondents 58(33.5%) were health providers, 51(29.5%) of the respondents were traders. While, 27(15.6%) of the respondents were office clerks. 25(14.5%) were undergraduate. The least of the respondents 12(6.9%) were teachers. This indicated that majority of the respondents in the four settlements were health providers.

**Table 3: Level of awareness of health information by male workers in Ibarapa East Local Government Areas**

ITEMS	A	NA	Mean	S.D
Awareness about Malaria	169 97.7%	4 23%	1.98	0.151
Lower respiratory infections	165 95.4%	8 4.6%	1.95	0.211
Awareness about HIV	168 97.1%	5 2.9%	1.97	0.680
Awareness about Diarrheal Diseases	170 98.3%	3 1.7%	1.98	0.131
Awareness about road injuries	151 87.3%	22 12.7%	1.87	0.334
Protein-Energy Malnutrition	130	43	1.75	0.433

	75.1%	24.9%		
Awareness about Cancer	100 57.8%	73 42.2%	1.58	0.495
Awareness about Meningitis	94 54.3%	79 45.7%	1.54	0.499
Awareness about Stroke	82 47.4%	91 52.6%	1.47	0.501
Awareness about Tuberculosis	86 49.7%	87 50.3%	1.50	0.501
Awareness about smallpox	95 54.9%	78 45.1%	1.55	0.499
Awareness about cholera	97 56.1%	76 43.9%	1.56	0.498
Awareness about hypertension	100 57.8%	73 42.2%	1.58	0.495
Coronary artery disease	98 56.6%	75 43.4%	1.57	0.497
Awareness about diabetes	100 57.8%	73 42.2%	1.58	0.495
Awareness about asthma	97 56.1%	76 43.9%	1.56	0.498
Awareness about bronchitis	103 59.5%	70 40.5%	1.59	0.492
Awareness about pneumonia	110 63.6%	61 35.3%	1.66	0.499
Stroke and cardiovascular disease	112 64.7%	60 34.7%	1.66	0.488
Heart disease	111 64.2%	60 34.7%	1.67	0.512
Causes of Hypertension	103 59.6%	70 40.5%	1.61	0.524
Liver disease	102 59.0%	71 41.0%	1.60	0.525
Heart attack	129 74.6%	44 25.4%	1.76	0.469
Excessive body weight	128 74.0%	45 26.0%	1.76	0.478

The findings shows that majority of the respondents (170) with a Mean of 1.98 have awareness of the health information about Diarrheal Diseases in the Local Government, and this was followed by those that indicated they have awareness about malaria with a mean value of (Mean =1.98). A large able size of 168 (1.97%) of the total respondents were aware of HIV in their various settlements in the Local Government. Whereas, 91(52.6%) of the respondents are not aware of the health information about stroke. This was followed by those that indicated that they are not aware about Tuberculosis with a mean value of (Mean=1.50).

**Table 4: Factors that promote awareness of health information by male workers**

ITEMS	SA	A	D	SD	Mean	S.D
Nurse/Doctor	170 98.3%	2 1.2%	1 0.6%	-	3.98	0.185
Workshops	160 92.5%	3 1.7%	2 1.2%	8 4.6%	3.82	0.671
Internet/website	165 95.4%	4 2.3%	-	4 2.3%	3.91	0.473
Broadcast information on Radio	162 93.6%	11 6.4%	-	-	3.94	0.245
Broadcast information on TV	142 82.1%	28 16.2%	3 1.7%	-	3.80	0.440
Newspapers	121 69.9%	48 27.7%	4 2.3%	-	3.68	0.516
Leaflets or books	84 48.6%	83 48.0%	6 3.5%	-	3.45	0.565
Magazines	65 37.6%	98 56.6%	9 5.2%	1 0.6%	3.31	0.596
Pharmacist	46 26.6%	110 63.3%	15 8.7%	2 1.2%	3.16	0.614
Campaign/practical demonstration	52 30.1%	98 56.6%	20 11.6%	3 1.7%	3.15	0.682
Community leaders	47 27.2%	85 49.1%	37 21.4%	4 2.3%	3.01	0.762
Government officers	59 34.1%	60 34.7%	49 28.3%	5 2.9%	3.00	0.863
Families and friends	64 37.0%	63 34.6%	36 20.8%	10 5.8%	3.05	0.901
Non Governmental Organization (NGOs)	66 38.2%	56 32.4%	39 22.5%	12 6.9%	3.02	0.943
Health workers (Colleagues)	82 47.4%	56 32.4%	28 16.2%	7 4.0%	3.23	0.865
Printed information on Poster and Billboard	89 51.4%	51 29.5%	28 16.2%	5 2.9%	3.29	0.842
Religious centers	76 43.9%	62 35.8%	24 13.9%	11 6.4%	3.17	0.898
Internet	95 54.9%	53 30.6%	13 7.5%	12 6.9%	3.34	0.891
Library sensitization	102 59.0%	49 28.3%	14 8.1%	8 4.6%	3.41	0.828
Documentary or feature films	98 56.6%	61 35.3%	9 5.2%	5 2.9%	3.46	0.727
Jingles	110 63.3%	49 28.3%	7 4.0%	7 4.0%	3.51	0.759

The findings showed that total number of the respondents, 173(00.0%), agreed that Broadcast information on Radio is the major factor that promotes awareness of health information by male workers with a mean value of (Mean=4.19). followed by those that agreed that Nurse/Doctor is the major factor that promotes awareness of health information with a mean value of (Mean=3.98). Other factors that promote awareness of health information by male workers are Broadcast information on TV, Internet/website, Newspapers, Leaflets or books, Magazines and Workshop.

**Table 5: Factors that hinder awareness of health information by male workers**

ITEMS	SA	A	D	SD	Mean	S.D
Higher illiteracy level	166 96.0%	6 3.5%	1 0.6	-	3.95	0.237
Gender inequality	160 92.5%	6 3.5%	4 2.5%	3 1.7%	3.87	0.517
Lack of electricity	163 92.4%	3 1.7%	3 1.7%	4 2.3%	3.88	0.531
Inadequate communication among male workers	128 74.0%	43 24.9%	1 0.6%	1 0.6%	3.72	0.498
Insufficient sensitization by the Government	98 56.6%	70 40.0%	4 2.3%	1 0.6%	3.53	0.576
Financial constraint	65 37.6%	99 57.2%	8 4.6%	1 0.6%	3.32	0.588
Inaccessibility to newspaper and other news media	62 35.8%	94 54.3%	12 6.9%	5 2.9%	3.23	0.702
Inability to operate simple Personal Assistant Devises (PADs)	78 45.1%	76 43.9%	16 9.2%	3 1.7%	3.32	0.715
Problem of Internet connectivity	71 41.0%	73 42.2%	22 12.7%	7 4.0	3.20	0.814
Education level	87 50.3%	68 39.4%	13 7.5%	5 2.9%	3.37	0.748
Social-economic background of male workers	91 52.6%	67 38.7%	14 8.1%	1 0.6%	3.43	0.667
Lack of ICT tools	94 54.3%	69 39.9%	9 5.2%	1 0.6%	3.48	0.625
Unchanging job routines	92 53.2%	68 39.3%	9 5.2%	4 2.3%	3.43	0.701
Lack of motivation and capacity body progress	115 66.5%	48 27.7%	8 4.6%	2 1.2%	3.59	0.636

Findings revealed that there are factors that hinder awareness of health information by male workers in the selected settlements in the Local Government Areas. It showed that majority of the respondents 172 with a Mean of 3.95 agreed that higher illiteracy level is a major factors that hinder awareness of health information. Relatively large number of respondents 166 (94.1%) with a Mean of 3.88 indicated that Lack of electricity is the major factors that hinder awareness of health information. Followed by; Gender inequality, Inadequate communication among male



workers, Insufficient sensitization by the Government, Financial constraint, Lack of ICT tools and Lack of motivation and capacity body progress, Unchanging job routines, Social-economic background of male, Inaccessibility to newspaper and other news media, Education level, Inability to operate simple Personal Assistant Devices (PADs), and Problem of Internet connectivity.

**Table 6: Use of health information by male workers in Ibarapa East Local Government Areas.**

ITEMS	SA	A	D	SD	Mean	S.D
Planning and resource allocation	169 97.7%	3 1.7%	-	1 0.6%	3.97	0.262
Consultations purposes	164 94.8%	8 4.6%	1 0.6%	-	3.94	0.258
Health system management	166 96.0%	4 2.3%	2 1.2%	1 0.6%	3.94	0.344
Public health surveillance	155 89.6%	15 8.7%	3 1.7%	-	3.88	0.377
Health policy development	142 82.1%	27 15.6%	4 2.3%	-	3.80	0.457
To obtain payment for the services provided on health information	144 65.9%	48 27.7%	7 4.0%	4 2.3%	3.57	0.683
To provide, coordinate, or manage health care and related services	88 50.9%	74 42.8%	8 4.6%	3 1.7%	3.43	0.666
For treatment purposes	70 40.5%	85 49.1%	12 6.9%	6 3.5%	3.27	0.738
To provide quality care to all	64 37.0%	87 50.3%	14 8.1%	8 4.6%	3.20	0.775
To gain a realistic idea of prognosis	63 36.4%	82 47.4%	20 11.6%	8 4.6%	3.16	0.803
To understand the processes and likely outcomes of possible tests and treatments	65 37.6%	77 44.5%	23 13.3%	8 4.6%	3.15	0.822
To assist in self-care	69 39.9%	72 41.6%	28 16.2%	4 2.3%	3.19	0.788
To learn about available services and sources of help	77 44.5%	68 39.3%	24 13.9%	4 2.3%	3.26	0.782
To legitimize help-seeking and concerns	86 49.7%	63 36.4%	16 9.2%	8 4.6%	3.31	0.825
To identify further information and self-help groups	119 68.8%	45 26.0%	4 2.3%	5 2.9%	3.61	0.679
To identify the 'best' healthcare providers	117 67.6%	52 30.1%	2 1.2%	2 1.2%	3.64	0.569

The findings in table 5 revealed that majority of the respondents 172 with a Mean of 3.97 agreed that they use health information purposely for Planning and resource allocation. The respondents

further rated their purpose for use of health information as follows: Health system management 170(98.3%) with Mean= 3.94; Consultations purposes 172(99.4%) with Mean=3.94; Public health surveillance 170(98.3%) with Mean=3.88; Health policy development and To identify the 'best' healthcare providers, To identify further information and self-help groups, To obtain payment for the services provided on health information and to provide, coordinate, or manage health care and related services, for treatment purposes, to provide quality care to all, to legitimize help-seeking and concerns, to gain a realistic idea of prognosis and to learn about available services and sources of help, to understand the processes and likely outcomes of possible tests and treatments and to assist in self-care 141(81.5) with Mean of 3.19 respectively.

**Table 7: Frequency of use of health information by male workers**

ITEMS	VF	F	NF	Mean	S.D
Information about Malaria	164 94.8%	8 4.6%	1 0.6%	2.94	0.258
Lower respiratory infections	160 92.5%	11 6.4%	2 1.2%	2.91	0.321
Information about HIV	165 95.4%	6 3.5%	2 1.2%	2.94	0.279
Information about Diarrheal Diseases	150 86.7%	22 12.7%	1 0.6%	2.86	0.363
Information about road injuries	111 64.2%	61 35.3%	1 0.6%	2.64	0.495
Protein-Energy Malnutrition	83 48.0%	80 46.2%	10 5.8%	2.42	0.601
Information about Cancer	89 51.4%	75 43.4%	9 5.2%	2.46	0.596
Information about Meningitis	88 50.9%	70 40.5%	15 8.7%	2.43	0.657
Information about Stroke	86 49.7%	74 42.8%	13 7.5%	2.43	0.640
Information about Tuberculosis	75 43.4%	83 48.0%	15 8.7%	2.36	0.655
Information about smallpox	90 52.0%	76 43.9%	7 4.0%	2.49	0.587
Information about cholera	89 51.5%	74 42.8%	10 5.8%	2.46	0.615
Information about hypertension	82 47.4%	78 45.1%	13 7.5%	2.40	0.636
Coronary artery disease	83 48.0%	68 39.3%	22 12.7%	2.36	0.706
Information about diabetes	91 52.6%	61 35.3%	21 12.1%	2.42	0.715
Information about asthma	97 56.1%	58 33.5%	18 10.4%	2.47	0.695
Information about bronchitis	80	76	17	2.37	0.666

	46.3%	43.9%	9.8%		
Information about pneumonia	92 53.2%	67 38.7%	14 8.1%	2.46	0.651
Stroke and cardiovascular disease	111 64.2%	49 28.3%	13 7.5%	2.57	0.639
Heart disease	119 68.8%	45 26.0%	9 5.2%	2.65	0.600
Causes of Hypertension	109 63.0%	57 32.9%	7 4.0%	2.60	0.580
liver disease	99 57.3%	66 38.2%	8 4.6%	2.54	0.605
heart attack	104 60.1%	61 35.3%	8 4.6%	2.58	0.620
excessive body weight	106 61.3%	59 34.1%	8 4.6%	2.58	0.601

Table 7 revealed that majority of the respondents, 165(95.4%) indicated that their frequency of use of health information on HIV is very frequent in their Local Government Area. Similarly, about 164(94.8%) of the total population indicated that their frequency of use of health information about Malaria is very frequent (Mean=2.94). while, 83(48.0%) indicated that they frequently use health information about Tuberculosis with Mean=2.36. The respondents further rated their very frequent of use of health information as follows: Lower respiratory infections, Information about Diarrheal Diseases, Heart disease, Information about road injuries and Stroke and cardiovascular disease, Causes of Hypertension, excessive body weight, heart attack, liver disease, asthma, pneumonia, diabetes, smallpox, cholera and Cancer, Meningitis, Stroke Coronary artery disease, and the least, Information about bronchitis. On the other hand 22(12.7%) of the total respondents with Mean=2.36, indicated that the frequency of use of health information on Coronary artery disease was not frequently utilized.

**Table 8: Factors that promote use of health information by male workers**

ITEMS	SA	A	D	SD	Mean	S.D
Knowledge about the health condition	167 96.6%	6 3.5%	-	-	3.98	0.240
Reliable health information	160 92.5%	10 5.8%	2 1.2%	1 0.6%	3.91	0.416
Accuracy of the information	159 91.9%	8 5.2%	2 1.2%	3 1.7%	3.89	0.511
Usefulness of the health information	147 85.0%	24 13.9%	2 1.2%	-	3.85	0.432
Frequency of update of the health information	122 70.5%	43 24.9%	6 3.5%	2 1.2%	3.66	0.633
Access to health information	81 46.8%	82 47.4%	7 4.0%	3 1.7%	3.40	0.681
Reliability of the information	60	101	11	1	3.27	0.602

	34.7%	58.4%	6.4%	0.6%		
Availability of health information	42 24.3%	115 66.5%	16 9.2%	-	3.15	0.561
Free from language barrier	48 27.7%	89 51.4%	34 19.7%	2 1.2%	3.06	0.721
Timeliness of the health information	76 43.9%	57 32.9%	39 22.5%	1 0.6%	3.20	0.807
Relevancy of the health information	97 56.1%	42 24.3%	32 18.5%	2 1.2%	3.35	0.819

Table 8 showed that majority of the respondents 167(96.6%) agreed that Knowledge about the health condition is the major contributing factor that promote the use of health information. Similarly, a large able size number 160(92.5%) of the total population indicated that among the major factors that promote use of health information are; Reliable health information, Accuracy of the information, Usefulness of the health information and Access to health information. Other factors are; Reliability of the information, Availability of health information, Free from language barrier, Frequency of update of the health information, Relevancy of the health information, followed by Timeliness of the health information 133(79.9%) with Mean= of 3.20.

**Table 9: Factors that militate against the use of health information by male workers**

ITEMS	SA	A	D	SD	Mean	S.D
Lack of infrastructure and capital	149 86.1%	24 13.9%	-	-	3.86	0.347
Low level of education	152 87.9%	19 11.0%	1 0.6%	1 0.6%	3.86	0.408
Urgency of treatment/cure	147 85.0%	19 11.0%	2 1.2%	5 2.9%	3.78	0.608
Diversity of language and culture	124 71.7%	45 26.0%	4 2.3%	-	3.69	0.510
Inadequate information provision	98 56.6%	74 42.8%	-	1 0.6%	3.55	0.532
Problem of Internet connections	60 34.7%	99 57.2%	8 4.6%	6 3.5%	3.23	0.694
Low level of ICT use skill of male workers	53 30.6%	90 52.0%	21 12.1%	9 5.2%	3.08	0.796
Low level of Information Literacy skill of male workers	62 35.8%	78 45.1%	25 14.5%	8 4.6%	3.12	0.823
Indirect costs to household (transport cost)	59 34.1%	70 40.5%	35 20.2%	9 5.2%	3.03	0.869
Indirect costs to household (transport cost)	72 41.6%	53 30.6%	33 19.1%	15 8.7%	3.05	0.978
Wages and quality of staff training	89 51.4%	43 24.9%	30 17.3%	11 6.	3.21	0.950
Price of information	85 49.1%	49 28.3%	30 17.3%	9 5.2%	3.21	0.912

Direct price of service, including informal fees	96 55.5%	48 27.7%	23 13.3%	6 3.5%	3.35	0.840
Characteristics of the health services	99 57.2%	49 28.3%	18 10.4%	7 4.0%	3.39	0.832
Management/staff efficiency	95 54.9%	55 31.8%	18 10.4%	7 4.0%	3.39	0.789
Household location/proximity to information	106 61.3%	47 27.2%	17 9.8%	3 1.7%	3.48	0.744
Community and cultural preferences, attitudes and norms	102 59.0%	56 32.4%	12 6.9%	3 1.7%	3.49	0.704
Unqualified health workers	121 69.9%	44 25.4%	7 4.0%	1 0.6%	3.65	0.588
Sense of dependency rather than self-sufficiency	120 69.4%	47 27.2%	6 3.5%	-	3.66	0.544

Table 9 showed that total respondents 173(100.0%) indicated that Lack of infrastructure and capital is the major factor that militate against the use of health information. Relatively large number 172(99.4%) with Mean=3.55 indicated that Inadequate information provision is also the major factor that militate against the use of health information. Other contributing factors that militate against the use of health information as indicated by the respondents are as follows: Low level of education, Diversity of language and culture, Sense of dependency rather than self-sufficiency, Urgency of treatment/cure, Unqualified health workers, Problem of Internet connections, Community and cultural preferences, attitudes and norms, Household location/proximity to information, Management/staff efficiency, Characteristics of the health services, Direct price of service, including informal fees, Low level of ICT use skill of male workers, Low level of Information Literacy skill of male workers, Price of information, Wages and quality of staff training, Indirect costs to household (transport cost) and the least, Indirect costs to household (transport cost) 125(72.2%) with Mean=3.05.

### Conclusion and Recommendations

Health information is a key prerequisite that helps male workers to cope with the increasingly significant health impact in their Local Government. This study shows that the residents of Ibarapa East Local Government of Oyo State, Nigeria are very much aware of health implication of Diarrheal Diseases, malaria and HIV. Broadcasting information on Radio is the major factor that promotes awareness of health information. This study recommends that:

- Federal, State and Local Government should provide awareness on health issues and sensitize workers to take good care of their health and environment which they work and belong to.
- Local Government should provide fund to make available information provision and to encourage information retrieval skills of the male workers.
- Government should see to the major factors that militate against the use of health information by male workers in Local Government such as, Lack of infrastructure and capital, inadequate information provision, Low level of education, Diversity of language and culture etc.

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