

## **Collaborative and partnership options for promoting health information literacy in rural communities: exploring the challenges**

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### **ABSTRACT**

*The paper focuses on challenges of collaborative and partnership approaches in promoting health information literacy in developing countries. The role of library and information professions in collaboration with health workers and allied agencies were articulated. Justification for health information literacy in rural communities, rationale for collaborative and partnership initiatives in promoting health information literacy in rural communities and sustainable partnership options available to library and information professional in the promotion of health literacy were well articulated. The challenges identified include low level of partnership drive among librarians, language differences, poor understanding of information therapy services, poor perception of collaborative initiatives, low level of technological drive, and lack of subject/language experts in packaging health information. Strategies for sustainable collaboration and partnership include intensive lobbying and advocacy, proper orientation and sensitization towards collaborative initiatives, professional commitment towards safe health initiatives, recruitment of skilled personnel in health information management, formulation strong collaborative and partnership policy, establishment of centres for health information literacy, lobbying government and donor agencies for fund/support.*

**Keywords:** Collaboration, Partnership, Health Information Literacy, Developing Countries: Rural Communities, Africa

### **INTRODUCTION**

Health has always be an issue of concern to mankind from time immemorial. Health as a concept is complex and the promotion of health requires consideration of its wider social economic, cultural and environmental determinants (Estacio *et al*, 2017). Every day, people confront situations that involve life-changing decisions about their health. People need information they can understand and use to make informed decisions and take actions that promote their health.

According to Omonona, Obisesan and Aromolaran (2015) as cited by Agboola, Adeyemo & Ojobanikan (2016), sound health is thus fundamentally required for living a socially and economically productive life, as poor health inflicts great hardships on household including debilitation, substantial monetary expenditures, loss of labour and sometimes death. Sound health, healthy living, prevention and control of diseases and illness as well as productivity and development is highly dependent on access to healthcare, while the success of healthcare system also depend on the literacy level of individuals and communities on health issues as well as access and utilizing healthcare and facilities (Agboola, Adeyemo & Ojobanikan, 2016). Quality health is fundamental right of every citizen in both developed and developing nations of the world. Health equity is fundamental to the idea of living a good life and building a vibrant society because of its practical, economic and civic implications (NASEM, 2017). Good health enables people to lead individual, social and economically productive lives and contributes to the socio-economic growth and development of communities and nations (Ukachi, 2011). However, good health is not attainable in the absence of information. Hence, information is regarded as one of the keys to improving health, reducing the impact of health epidemics. Hence, health literacy is one of many domains-reflecting the fact that general literacy is both content and context specific (Nutbeam, McGill & Premkumar, 2018).

The ability to understand and act on health information is one of the most pressing issues in our health care system today and making health information accessible to everyone, regardless of background education, or literacy level is becoming challenging (McCray, 2005). Health literacy is a complex topic that broadly describes an individual's ability to process health information and use it to make sound medical choices (Tringali, 2021). Health literacy should be an integral component of information services delivery to rural communities in the context of Africa and other developing countries. According to Karim (2020), rural communities low rate of adequate health literacy is not of their own doing but is largely due to the poor living condition they are in that does not provide the basic facilities that is necessary for them (Karim, 2020). This invariably justifies the need for collaborative and partnership initiatives in the provision and delivering of health-related information services.

Nevertheless, library and information professionals in an effort to contribute optimally to the full realization of development agenda can adopt community engagement, collaborative and partnership initiatives for health literacy. As rightly pointed out by Gilbert and Nelson (2018) with the advent of the sustainable development goals (SDGs), new models of collaboration are transforming the way different sector approach and tackled shared sustainable development risks and opportunities in time with this, there is need for medical libraries to actively align and participate in 2030 agenda within the context of Africa development. It is in line with this that this paper seeks to x-ray the challenges of collaborative and partnership approach in promoting health information literacy in rural communities. Specifically, the paper seeks to:

1. Present a justification for health literacy in rural communities;
2. Highlight the rationale for collaborative and partnership initiatives in promoting health literacy;
3. Discuss sustainable partnership options available to library and information professional in the promotion of health literacy;

4. Identify challenges of collaborative and partnership in promoting health information literacy;
5. Determine strategies for sustainable collaborative and partnership initiatives toward promoting health information literacy in rural communities;

### **Justification for Health Literacy in Rural Communities**

Health literacy is a complex phenomenon that involves skills, knowledge and the expectations that health professionals have of the public's interest in and understanding of health information and services. Health literacy is seen as a complex phenomenon involving individual families, communities and system. And within these systems are consumers, patients' caregiver and other laypersons whose situation may vary with respect to access, skills, knowledge, disabilities (Kanj & Mitic, 2009). According to Eriksson-Backa et al (2012), the content of health literacy typically used within health sciences and health communication, is often defined as "the degree to whereby individuals have the capacity to obtain process and understand basic health information and services needed to make appropriate health decisions". Health literacy therefore is about how people understand information about health and healthcare and how they apply that information to their lives, use it to make decisions and act on it. In other words, health literacy is important because it shapes people's health and the safety and quality of healthcare.

Health literacy is an emerging concept that involves the bringing together of people from both the health and literacy fields. More so, health literacy builds on the idea that both healthy and literacy are critical resources for everyday living (Kanj & Mitic, 2009). Health literacy refers to personal characteristics and social resources needed for individual and communities needed for individual and communities to access, understand and appraise and use information and services to make decisions about health (Ekoko, 2020). According to Nutbeam, McGill and Premkumar (2018), health literacy can be described as the possession of literacy skills (reading and writing) and the ability to perform knowledge-based literacy tasks (acquiring, understanding and using health information) that are required to make health related decisions in a variety of different environments (home, community, health clinic).

Health literacy can be improved through the provision of information effective communication and structured education (Nutbeam, McGill & Premkumar, 2018). Health literacy therefore is defined as "the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course (Kanj & Mitic, 2009). In other words, health literacy is the degree to which individuals can obtain, process and understand the basic health information and services they need to make appropriate health decisions.

In all, there are three distinct level of health literacy known as functional, interactive and critical health literacy. Functional health literacy is the cognitive capacity to understand, interpret and apply written oral health information. In practical terms, a person with satisfaction literacy level would have a better health condition than an individual with limited literacy level, who will have low notion of importance of preventive measures (Ekoko, 2020), here, basic skills in reading and writing necessary for effective functioning in a health context. The second is *Interactive health*

*literacy, this is* more advanced cognitive literacy and social skills that enable active participation in health care; and the third is *Critical* health literacy, which is the ability to critically analyze and use information to participate in action that overcome structural barriers to health. Critical health literacy is potentially a higher order process that could be developed through education to critically appraise information of relevance to health (Ekoko, 2020). Above all, communicative health literacy is a process where an individual sets out to convey a message to another individual through the medium of word gesture or picture and in such a way that the sent message would be received and understood (Aiyelagan & Bankole 2019 in Ekoko, 2020).

No doubt, having access to health care system in most developing nations is challenging. According to Kary and Mitic (2009), our level of literacy directly affects our ability to not only act on health information but also to take more control of our health as individual families and communities. They further x-rayed and identify six general themes that help determine why health literacy is important for population health and they are:

- the large numbers of people affected;
- poor health outcome;
- health care costs;
- health information demands;
- Equity;

In the words of McCray (2015), navigating today's health care system carries with it a high literacy burden, patients' needs to interact in a variety of health care setting including doctor offices, clinics and hospital and they need to interact with a broad range of health related information, including therapeutic instruction, patient education materials, prescription, bills, and insurance forms. No doubt, people who live in rural area do have lower health literacy because of their inability to access health information and healthcare, hence the need for health literacy initiatives. Health education is important and one needs to have the literacy to understand and grasped the need to know about disease and ways to prevent it, in order to maintain good health in oneself (Karim, 2020). He further posits that having knowledge and making use of it helps one lead to a healthy lifestyle. Agboola, Adeyemo and Ojobamkam (2016) citing Nutbeam (2008) averred that health prospects of an individual in communities are basically dependent on availability and access to healthcare, functional health literacy, cognitive awareness and available health information at their disposal.

Also, poor health literacy is associated with poor health behaviours and outcome. It is argued that although anyone can have low health literacy, low health literacy is central to health inequalities as disadvantaged or vulnerable groups, particularly those from disadvantaged socioeconomic backgrounds, disabled people, older people and migrants and people from ethnic minority group are most at risk (Public Health England, 2015). Damian & Gallo (2020) citing Berkman et al (2011), Paasche-Orlow & Wolf, (2007) affirmed that health literacy is crucial for health, and healthcare professionals must acknowledge and prioritize its importance in every interaction with patients and communities. In the same vein, Diamim, Mlambo and Masenya (2021) further claimed that proper utilization of health information in public libraries by community members is likely to reduce mortality rate and generate healthy citizens that are eager to ensure community development. According to Magnusson (2017), people are faced with

situations daily where they have to make decisions about their own health and their families both in sickness and in good health. Also, decisions are made depends on a person's health literacy.

People's ability to obtain health-related information is considered important for how well they can take care of themselves (Eriksson-Backa *et al*, 2012). Hawkins et al citing Rubenstein (2016) averred that people with high levels of health literacy have the ability to find, evaluate, and utilize health related information. Ukachi (2001) contend that inadequate access to health information and diminished awareness of preventive health measures, little knowledge of, or incorrect information on, medical conditions and treatments not only have negative results for individuals but also for their communities and for the larger society. Karim (2020), averred that health literacy is associated to a variety of issues that lack of it may cause huge burden to the country in terms of dealing managing and providing health treatment. Ukachi (2011) averred that a great many communities in Africa lack access to reliable and timely health information, community members are often unable to make informed health decisions for themselves or for those under their care. Health literacy empowers individuals to improve their own health and the health of their communities through resource access and education (Tringali, 2021).

### **Rationale for Collaborative and Partnership Initiative in Promoting Health Information Literacy**

No doubt, the relationship between patients and healthcare professionals has changed significantly in the last years. In principle, primary health care which is services provided to rural dwellers requires intrasectoral and intersectoral co-ordinations and community participation, they are often lacking when put into real practices. Moreover, because most of the services rendered lack community linkage, most community members are unaware of some available services. Damian and Gallo (2020) posits that healthcare organizations and providers already interact with the populations they serve, but strengthening relationships with diverse community organizations, congregations, and non-medical services agencies will strengthen their position in communities and open new opportunities or information exchange.

As put forward by Obaremi and Olatokun (2019), the connection between healthcare providers and healthcare users or patients is seen in the light of clear communication through an understanding of the cultural background and linguistic strength, and needs of the major players and stakeholders in the healthcare system. Adeleye and Ofili (2010) averred that the health sector is generally expected to provide health, to the public. In other words, the health sector in turn, expect inputs from other sector, many of which do not necessarily subscribe to the common purpose of or shared responsibility for health improvement. Partnership with other organizations have the potential to concentrate the community's focus on a particular problem, create alliances among organizations that might not normally work together and keep the community approach to issues consistent (Snow, 2012).

Collaboration and partnership strategies according to Boutillier et al (n.d.) have become a common place in health and social services delivery in recent years. According to Olanipekun (2013, an effective public health in the 21<sup>st</sup> centuries is shared responsibility towards the realization



of its goals and objectives. It has expanded into a fair wider area as it recognizes that factor in people's social, economic and physical environment with profound impact on their health. Osuchukwu *et al* (2016) citing Vicker (2010) posit that libraries and librarianship need collaboration because this is an era where services providers need improved specialization and so need other's help to get things done through fast access to information networks and shared learning, with emphasis to succeed in today's highly dynamic and network world which every library requires in improving users' needs. They further cited Miller and Pellen (2016), and Gregory (2006) who remarked that librarian are no longer contented in offering services to those who show up at the door step. In other words, librarians should actively seek partners and develop project to reach out to new groups.

Partnerships in public health are an interrelationship between public health policy and practice. It involves the campaigns for public health actions to work with trade unions, charitable organization and philanthropist, persuade politicians, local and state authorities to make environment improvement (Olanipekun, 2013). The need for partnership also arises in part from the acknowledged limit of organizational individualism where agencies work in isolation from each other, e.g. identified such limits as repetition, omission, divergence and counter production (Olanipekun 2013). Osuchukwu *et al* (2016) contends that since libraries have a distinctive function of acquiring, organizing, offering for use and publicly available materials irrespective of the form in which it is packaged, it can and should collaborate with various NGOs whose activities cover all range of information dissemination. Establishing strong partnerships with local organizations is important since the oral cultures of many communities make personal interactions crucial for information dissemination. Magnusson (2017) citing Kickbush and Maag (2008) averred that health literacy is a collective responsibility and actions that tend to enhance health literacy require engagement and collaboration between different actors in the society, including private and voluntary sectors. In other words, health literacy benefits both the individual and society, and requires involvement of many actors in the society, including private and voluntary sectors.

According to Osuchukwu *et al* (2016), partnering and or collaboration with different organization are considered one of the most essential instruments for promoting operation excellence, not just in libraries but in every organization. McCray (2005) is of the view that health informaticians, developers of health information, health educators, and health care providers all need to work together to ensure that everyone has an equal opportunity to access understanding and use health information. In other words, inter-agency partnerships can provide a holistic approach towards improving health and reducing inequities (Estacio et al, 2017).

According to Lasker and Weiss (2003), looking at partnerships from the perspective of synergy can help the leaders and managers of partnerships appreciate and optimize the roles of community stakeholders. The potential of partnerships to create synergy explains their unique value in addressing complex problems such as those related to community health (Lasker & Weiss, 2003). As noted by Atulomah and Atulomah (2012), the challenge of low literacy to individuals from communities with low economy and marginal development can be tremendous. Furthermore, persons with limited health literacy can be at serious social disadvantage in terms of their ability to read and understand written medical instructions including medication dosages and understanding results of medical diagnosis.

## **Sustainable Partnership Options Available to Library and Information Professionals in the Promotion of Health Literacy in Africa**

Library and information professionals can meaningfully engage in several sustainable partnership options for the full realization of development agenda in rural communities. These options include but not limited to the following:

a. *Non-governmental organizations (NGOs)*: According to Kimaro (2013), NGOs is recognized and seen by government as potent forces for social and economic development as well as important partners in nation-building and national development. Medical libraries cum librarians must designed appropriate means of partnering with NGOs to ensure that development agenda relating to health as enshrined in 2030 agenda and AU 2063 is achieved. Through sustainable partnership initiatives with NGOs, librarians can deliver health literacy programmes to rural dwellers. Osuchukwu et al (2016) described NGOs as “go-getters, working with passion and unalloyed commitment to service humanity and that there are so many organizations libraries can partner with, for maximum output and impact. NGOs are non-profit, voluntary citizens group that can be organized locally, nationally or internationally. It is driven by people with common interest that basically perform services in various human and empowerment activities for common good advocacy and provision of information.

b. *Community leaders /traditional rulers*: medical librarians can sustainably partner with community leaders/ traditional rulers to ensure that health related activities like health literacy is taken to the grassroots level and when this is done, it will help in ensuring that health-related development agenda is achieved. Since community leader/ traditional leader has the capacity of exerting great influence on their subject followers, it is imperative that librarians collaborate with them systematically as means of contributing towards the full realization of development agenda. Olanipekun (2013) averred that partnership with the communities would be achieved through both facilitation and implementation. Furthermore, creating partnership with local authorities, health authorities and other agencies will tackle the root cause of ill-health in place where people lives. According to Lasker and Weiss (2003), understanding the relationship of community participation is important for professionals in health and human services administration because they, and the organization they represent, play leadership roles in community partnership. As noted by Damian and Gallo (2020), community health centers are sites of great potentials for the promotion of health literacy.

c. *Local organizations/agencies*: Damian and Gallo (2020) argued that local organizations can be recruited to serve as direct sources of timely, accurate information, leveraging their existence relationships and rapport with individuals and communities. The reason is that, these entities have an insider’s perspective and offer valuable insights regarding the best ways to disseminate information and help to reach even the hardest to reach members of their communities.

d. *International partnership/collaboration*: international collaboration is an expanding feature of public health. There are several international agencies involved in health promotion. As noted by Olanipekun (2013). The international agencies responsible for the promotion of public health include multilateral governmental agencies such as WHO, UNICEF, UNFPA and other UN agencies. Library and information professionals can partner with these international agencies for the promotion of health information literacy.

e. *Local Partnership*: Local partnership in the public health is acknowledged to have a range of agencies involved, an organizational context, an individual context and range of purposes. Furthermore, local partnership attempt to draw together local agencies engaged in health related activities and information professionals to avoid overlap, improve coordination and bring a range of approaches, professionalism, prospect and resource to bear on local health problem (Olanipekun, 2013).

### **Challenges of Collaborative and Partnership Initiative in Promoting Health Information Literacy**

Several challenges seem to bedevil collaborative and partnership initiatives towards promoting health information literacy, these include but not limited to:

i. *Low level of partnership drive among library and information professionals*: library and information professionals in developing countries often limit their activities to the library building or related working environment; this apparently has negatively affected the level of partnership drive among them. This no doubt has affected the extent to which librarians promote health literacy in rural communities. The sustainability of health literacy in rural area is a function of synergy between and among different agencies cum institutions with interest in information service delivery.

ii. *Language difference*: no doubt medical information is generally conveyed using technical language with patient-focused print and web-based materials. Promoting health literacy in rural communities to a great extent depends on language as understanding English language alone cannot ensure smooth delivery of health literacy. In other words, language differences is a major barrier in the sustainability of health literacy promoting health literacy in rural communities can only be sustained if librarians have adequate understanding of the local dialect which cannot be possible without embracing strong synergies and collaboration with individual and agencies that can effectively communicate with rural dwellers.

iii. *Poor understanding of information therapy service*: the poor perception of information therapy services among library and information professionals is a hindrance to the success of health information literacy librarians can only promote and sustain health information literacy where there is a clear understanding of what it entails. In other words, lack of clarity as to what information therapy service is to a great extent will limit the level to which librarians can participate in health literacy programs.

iv. *Low level of technological drive in rural areas*: Although technology is acknowledged globally as the driving force of the new age, it is obvious that library and information professionals have not fully exploit it as means of promoting health information literacy. It takes professionals with high level of technological drive to exploit the various technological tools for sustainable information service delivery. In librarianship, can it be said that librarians are embracing and harnessing these potential in the promotion of health literacy.

v. *Lack of subject/language experts in packaging health information*: lack of subject cum language experts in packaging of health information literacy. Promoting health literacy in rural communities can be achieved if health information can be successfully packaged in local dialect using local content.



vi. *Lack of understanding of medical terminologies*: most library and information professionals do not have the requisite knowledge with which they can capitalize to promote health information literacy.

### **Strategies for Sustainable Collaboration and Partnership Initiatives toward Promoting Health Information Literacy in Rural Communities**

Several strategies can be adopted for sustainable collaboration and partnership in promoting health information literacy and these includes:

i. *Intensive lobbying and advocacy*: library and information professionals must embrace intensive lobbying and advocacy as strategy for promoting health information literacy. Librarians should lobby government officials to ensure that health information literacy is carried out successfully. However, for librarians to successfully carry out health information literacy, funding is a pre-requisite. Therefore, if health information literacy initiative is to be achieved, intensive lobbying and advocacy must be pragmatically adopted and executed intentionally.

ii. *Proper orientation and sensitization towards collaborative initiatives*: library and information professionals should be given proper orientation towards collaborative initiatives. Proper orientation and sensitization of library and information professional will help in awakening the zeal of information professional in promotion health literacy.

iii. *Recruitment of skilled personnel in health information management*: skilled personnel should be recruited in management of health information literacy. Personnel should be skilled in utilizing technologies in promoting health information literacy.

iv. *Formulating strong collaborative and partnership (CAPP) policy*: library and information professionals should engage in formulating strong collaborative and partnership policy that will guide the areas that health information literacy should be focused on.

v. *Establishment of health information literacy centers (CHIL)*: library and information professionals should ensure that health information literacy centre should be established for the sustainability of health information literacy health information literacy centre should be established in rural communities.

### **Conclusion**

The paper explored the challenges associated with collaborative and partnership approach in promoting health literacy in developing countries with emphasis on rural communities in developing countries. The crux of the paper is that collaborative and partnership approach in promoting health information literacy is an effective model that should be adopted by library and information professionals as means of promoting safe health environment. No doubt, if the challenges are fully addressed in line with the suggested strategies through a practical and pragmatic approach, it will go a long way in promoting health knowledge and awareness among those living in rural communities, especially in developing countries.

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