

e-Health Literacy: An Essential Tool For Nigerian Retirees

Olurotimi AWE

Ruth Onajite OWOLABI

Babcock University Ogun State, Nigeria

Abstract: *Electronic health tools provide little value if the intended users lack the skills to effectiveness engaged them. This paper presented the essential of e-health literacy skills that the Nigerians retirees require to support their e-health information need. Thus, exploring the usefulness and benefits of e-health information literacy to the retirees. Also, the fears and why Nigerian retirees did not include acquisition of e-health literacy skills in their retirement plans was identified with suggestion of the inclusion of e-health literacy skills in retirement preparation initiatives for the retirees. Libraries can provide access point to electronic and print e-health information to help citizens gain necessary e-health literacy skills.*

Keywords: *e-Health, e-Health Literacy, and Retirees*

I. INTRODUCTION

Health is wealth: it is when an individual is healthy that wealth distribution is enjoyable. Information literacy and e-health literacy are fundamental to the use of health information resources, so nobody should be deprived of having basic health literacy skills, irrespective of age, gender, physical challenge or location. Healthy policies should be promulgated to encourage if not mandatory to acquired basic health literacy skills. This will promote health cost efficiency in the primary care delivery but unfortunately it is not so in Nigeria. However, this paper is limited to essential health information literacy skills for retirees in Nigeria. Also, e-Health literacy and health literacy are used interchangeably because not all health information is in electronic format and not all retirees have access to electronic health information resources that can be determined by the level of education and exposure of an individual retiree.

In a population as large as Nigeria diversity can be said to be expected. Such diversity cut across all spheres of life including the retiree. The major concern of this paper is to discover e-Health/health literacy and essential skills to seek health information need among Nigeria retirees. In recent time, retirement plans in Nigeria has become volatile in the last decades. It has nothing good to write home about, it has

rather become a dance of shame. According to Ogunmokun (1998) many employees develop psychological problems, anxiety, neurosis, depression or even die from heart attack as a result of unexpected retirement notice or dismissed from work.

Aigbeekaen (2008) puts that Nigerian workers are scared at the mention of the word retirement because of the unpleasant experiences of the past retirees in terms of delay and difficulties amounted in getting their returned benefits. Opananma (2011) "says greatest challenges that face typical employees throughout their working life is life after retirement". This paper reveals that due to unsmooth and traumatic exit from employment to retirement, the stages of processing retirement in Nigeria is horrendously terrifying. It is highly bureaucratic such that it takes forever to process. As important as planning is, most Nigerian employees do not plan for their retirement because they perceive retirement as something negative and unpleasant thing to happen.

Whereas Egbuta (1991) referred to retirement as the withdrawal from gainful employment in later part of one's life in order to enjoy a period of leisure till death. According to Opananma (2011) Nigerian retirees only plan for issues such as financial needs during retirement. Unfortunately very little is mentioned about health literacy information, and dearth of information on essential health literacy skill to acquire on retirement.

Very high numbers of Nigerian employees seem not to have time, or interests, even a clue in acquiring necessary health information skills that will be useful to them on retirement. Unfortunately these free or assisted medical packages disappear along with retirement. Sadly too, some of the retirees do not even know that they needed health information literacy skills so supportive tools in their retirement. This is not limited to the illiterate retirees; the educated retirees are no exception.

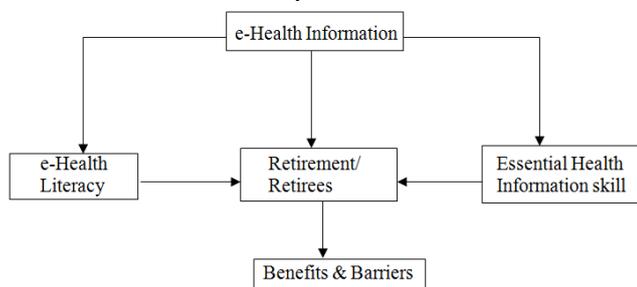


Figure 1: Research road map guide model this is a quick glance of the focus of the study

II. E-HEALTH LITERACY ESSENTIAL SKILLS FOR RETIREES

e-Health illiteracy, in Nigeria is considered generally a widespread problem. There is an assumption that most adults have the necessary functional literacy skills to address text based information that they encounter on a day-to-day basis. As Perkins (2009) refers to literacy “as the ability to read and write” Considering the growing rate of e-health information literacy, the above definition seems too narrow. Thus, an e-health literate should have the ability to understand, use, engage evaluate health information to help solve health issues. If health knowledge of Nigerian retirees is to improve, they must acquire some essential e-health literacy skills. Moreover, with the 21st century, ICT proliferation which is the driving force for globalization through internet that has brought the world into global village.

Researches have shown that there are a number of initiatives that are being carried out in application of ICT to health information provision in Africa, only these who have ICT to skills will benefit from such initiative. According to Ojo (2006) “there is international collaboration between African medical experts and their colleagues abroad to use ICTS in the area of public health, the medical information clinical data exchange, treatment, health education campaigns”. How would e-health illiterates or those who have no basic internet skills benefit from such initiatives? Retirees without e-health essential skills will unfortunately be deprived of such opportunity.

III. BASIC ESSENTIAL SKILLS

(1) Internet skills according to Schmidt and Stork (2008) “internet skills are the capabilities needed to perform a specific task using (2) the internet search engine to find relatively widespread information, (3) using emails, typing

letters on the computer or participating in online discussions and ability to access health information from libraries.

A research carried out by Jeffrey (2011) on internet skills in developing country showed that only 48.4% of Nigerians do know how to use computer. However this result was not nationally representative but at least identified under 50% of Nigerian adults are computer illiterates. Researches also showed that the level of information literacy is still below average in Africa. This explains why UNESCO is supporting many information literacy initiatives in Africa. For example UNESCO has launched a new literacy portal which aims at sharing information or literacy project around the world. There ICTs project in Libya, information literacy training in Northern Ghana for headmaster of schools. Such similar initiatives can be implemented in Nigeria for their retirees. Retirement is an age related phenomenon, as we get older our health needs more attention, so therefore basic health literacy skills are needed.

In Nigeria today’s mixed economy, according to Oyovwevotu (2010) the health care in Nigeria is no longer sole responsibility of tiers of government but private health care providers and traditional medicine practitioners (TMPS) are becoming visible in the role they play in the health care issues in the century. Their major function is the provision of interventions to cure or limit the endemic ailments affecting the ordinary citizen including Nigeria retirees. The media they use to disseminate this health information are, internet, ICTS, mobile phone, emails, texts, electronic and print media. These are the basic essential e-health skills Nigeria retirees’ need.

IV. HEALTH INFORMATION

The volume of e-Health information an individual has to deal with in this twenty first century is rapidly increasing and progressively intensive. The reasons for this is not far fetch because people are more health conscious and researches have it that life spans are increasingly shortening as we progress into the centuries. The ongoing proliferation of health information resources and methods of access have posed a number of challenges to Nigerian retirees in evaluating, understanding and using e-Health information in an ethical, legal and abusive manner. Bundy (2004) suggested that it is crucial for individuals to have the capacity to locate, evaluate and use the information needed effectively.

This suggestion applies to Nigerian retirees who are seeking e-Health information or knowledge for their personal, professional and intellectual lives. This translates to the fact that this class of people (retirees) should acquire e-Health information skills to be modest, basic health education that are relevant and useful in their day to day use. e-Health information literacy is not only knowing all the medical jargons, or how to use computer but how to access what health information needed, where to seek health information, and most importantly evaluating the information as simply as possible.

This paper premiered on e-Health literacy model and Krikela’s Lily information seeking model. Lily model has

comprehensive competencies and knowledge of e-health literacy embedded in it as illustrated below:

The Lily model, Norman and Skinner (2006) although this model has been criticized and revised but it is still useful to elaborate comprehensive health literacy. The model is recognized into two central types, namely analytic which comprises of traditional literacy, media literacy and information literacy. The second type is context. This comprises of computer literacy, scientific literacy and eHealth literacy.

The traditional literacy and numeracy is about reading and understanding written text computer literacy concerns different computer skills. While, the information literacy is about skills related to information needs, location, evaluating and using information for knowledge production. An information literate person knows potential resources to consult, to find information on specific topic, can develop appropriate search strategies to result to extract relevant knowledge.

Media literacy concerns, visual audio information. It participate with manages in different forms – from print to video, to internet.

Science literacy: A science literate understudies nature, apply and create information in systematic manner. The last is health literacy this concerns acquisition, evaluation and appropriate application from relevant health information. Taken together the six literacy types combine to form the fundamental skills required to fully optimize eHealth literacy.

Kriklas information seeking model: This model was produced by James Krikelas (1983). It provides sound theoretical basic for predicting information seeking behaviour and will enhance health information seeking behaviour.

This model concerns with importance of uncertainty as a motivating factor and the likelihood that information seeker will get desired answer from their memory or nearby persons. This two fundamental principles of the model is very applicable to e-health literacy. A literate person is associated with memory and logical approach and appreciates needs for information. This model has 13 components and a feedback loops. It is a memory based model and literacy to a very large extent is cognitive. This model is not restricted to a particular range of information seeker. It is comprehensive like Lily literacy model and its complexity makes model relevant.

America Library Association suggests that an information literate persons knows how knowledge is organized, how to find information and how to use information in such a way that others can learn from them like other literacy, this definition must be considered within its production context not just its application.

V. CONCEPT OF E-HEALTH INFORMATION

The term e-health is widely and loosely used by many individuals' academia, professional bodies and organizations. The concept has been accepted as a global topic but without an agreed precise definition, since its use in the year 2000. It encompass so much media informatics, and the term tends to be defined based on series of characterizes.

Pagllari et al (2005) defined "e-Health as information an emerging field of medical informatics referring to organization and delivery of health services and using the internet and related technologies. World Health Organisation (WHO) describes e-Health information concept as "the cost-effective and secure use of information and communications technologies in support of health and health related fields, including health care services, health surveillance, health literature health education, knowledge and research. Eysenbach (2001) expressed eHealth information in a simple arithmetic formula "e-Health = medicine + communication + information + society".

Silber (2003) defined e-Health information as "the use of modern information and communication technologies to meet needs of citizens, patients, health care professionals, healthy providers as well as policy makers". Eng (2004) has described e-health information as the application of ICTs including the health care facilities and services

VI. HEALTH INFORMATION ESSENTIAL SKILLS

According Tignish and Souris research (2010) on health literacy and Souris in Charlottetown and Summerside in the UK, also a survey carried out across Minnesota in Canada listed essential skills for health care and, which are also essential in today's work place.

THE READING TEXT: This is the reading and understanding written information in many different types of documents of health related literature contracts, and documents.

DOCUMENTS USE SKILL: This is finding and using the information you need or putting information in where its needed.

WRITING SKILL: This skill is concern with using written words to create a clear message.

NUMERACY SKILL: This is using numbers and thinking mathematically in seeking and using health related information

ORAL COMMUNICATION SKILLS: This is talking with others to give and exchange information and ideas which can help in health information.

WORKING WITH OTHERS SKILLS: This involves directing and coordinating activities with others.

THINKING SKILLS: This is using thinking process to solve problems computer use skills: It concerns with using hard ware, software and other technical tools.

This is being a long life learner in the modern information age ability to have one or combination of these skills is becoming essential. Throughout many western national health care services, extensive e-Health infrastructures and system are now viewed central and important provision of safe, efficient, high quality, citizen-centered health care. It is therefore, very essential for citizens of nations to acquire the skills that will allow them to partake in the global health care delivery services. In Europe, e-health information skills has formed part of their major action plan since 2006 ranging from health data interoperability, implementation of health information network, online services like tele-consultation, e-prescription, e-referral, tele-monitoring and tele-care.

VII. CONCEPT OF HEALTH LITERACY

Niemela et al (2012) defined health literacy as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decision. Berkman and McCormack (2010) defined health literacy as “the degree to which individuals can obtain process, understand and communicate about health related information needed to make informed health decisions”.

However, some school of thought looks at health literacy from perception of skills. The idea is that health literacy can include print literacy as in understanding, locating and interpreting documents. Numeracy as in interpreting quantitative health information. Oral literacy as ability to speak and listen effectively and most importantly ability to use technology like network, internet on a nutshell electronic literate.

Furthermore, Nutbeam (2000, 2008) have a slightly different view believed that health literacy should not purely be seen as “measure of achievement in reading and writing manifesting basic/functional literacy which allows a person to extract information and derive meaning from different forms of communication critical literacy. His emphasize is on social communication skills.

Niemela, R., Eriksson-Backa, & Huotari, M. (2012) emphasized on “critical literacy” which is the ability to critically analyze and use information to exert greater control over life events and personal, social and environmental determinants of health. Baker (2006) claims health literacy is complicated construct that depends on the ability of individual to communicate as well as on the demand posed by the society and health care system.

According to Connie (2011), the Medical Library Association defined Health Information Literacy as the “set of abilities needed to recognize health information and use them to retrieve relevant information assess the quality of the information and its applicability to a specific situation and analyze, understand and use the information to make good health decisions”. This definition, however assumes that a person has a reading and writing skills but does not include the social dimension of information health literacy Like Nutbeam does emphasizing on individual communicative skills as a determinant of information literacy.

VIII. CONCEPT OF RETIREMENT/RETIREE

Olaboye (1998) puts retirement as a temporary or permanent stoppage of a particular line of work or a job by a worker, either on his own volition or at the instance of his employer. Odeku and Animasaun (2012) defined retirement as a process whereby an employee finally disengages or withdraws his service from his employer after a given number of years. Adejumo (2010) describes retirement as a job role transition characterized by disengagement from an individual’s active routine job.

Osuala (1985) describes retirement as an age long practice in both the private and public service while Ashley (1977) defined retirement as an act of retiring or the state of being

retired, which is withdrawal of oneself from business of public life or to remove from active service. Also, Broashy, Asonibare and Oniye (2008) distinctively put the concept of retirement into two dimensions: the old definition of retirement which they put as “when a worker does not do something anymore. Or he/she is kind off. While the new concept of retirement is associated with leisure, travel family activities hobbies and educational pursuit is a new ideas”.

Oniye (2001) posited retirement as a complex process which demands serious planning. Those who find to plan them retirement however certain problem in retirement; such problems are lack of understanding financial problem and health constraints. The health issue is the main concern of this paper. To avoid the health issue, essential eHealth information skills are required.

Adejumo (2010) describes retirement as a job role transition characterized by disengagement from an individual’s active routine job. Literature has it that retirement effect psychological well-being of retirees. This was elaborated by Akinboye (2002) when he viewed retirement from psychological dimension studies revealed possibilities of retirement to affect general health of retirees. Muller and Boaz (1988) found that retirement increases the probability of poor”.

IX. FINDINGS

A recent report of institute of medicine (IOM) entitled “Health Literacy: a prescription to end confusion”. Showed that those with limited literacy skills have less knowledge of disease management and health prompting behaviours, poorer health status and likely to use preventive services than those with average or above average literacy skills. The study finds that the e-health literacy level is below average in Nigeria and no e-health skills acquisition programme or initiative available particularly for intended or already existing retirees.

X. CONCLUSION AND RECOMMENDATION

Information literacy skills are necessary in the network environment in which we live now. Research showed that skills required maximizing the potential of electronic health resources are more than those required for searching printed services. Information age provides opportunities and challenges of e-Health, e-doctor, telemedicine, which are all internet based, that all citizens must therefore be skillful in the application of e-Health and its critical importance. This study recommends that government policies on health must consider and include e-Health education and embark on e-Health skill initiatives programmes of retirees’ in Nigeria.

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