

Study on E-Health Utilization among Nigerian University Undergraduate Students

Ngozi Marion Emmanuel, Ogochukwu Charity Ekwenchi and Allen Nnanwuba Adum
Department of Mass Communication, Nnamdi Azikiwe University, Awka, Anambra State, Nigeria

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Abstract: E-health is a relatively new area in healthcare delivery largely supported by electronic processes and communication. The increasing need to better inform people about health practices and actions has been fingered to be the primary reason for the rise of e-health communication as a means of introducing ideas and information on better health practices and safer solutions to health issues. Driven on the wheels of new media technologies like the internet, it is arguably a way of getting health information without stress and almost without cost. This paper, conducted as a study, focuses on Nigerian University undergraduate students and the extent they utilize e-health resources and subsequently take appropriate health actions. It also explores how useful e-health has been in improving undergraduate students' health practices in Nigeria. One of the major questions posed in this study is whether Nigerian University undergraduate students are knowledgeable about e-health and as such are they exposed to e-health resources? The paper employed the survey research design where 400 respondents were studied across two Universities in South-East Nigeria. Findings revealed that about 60% of Nigerian undergraduate students rely on e-health to take proactive health actions.

1 INTRODUCTION

Information is fundamental to choice and making informed decisions. Without information, there is no choice. Information helps knowledge and understanding. It gives patients the power and confidence to engage as partners with their health service. (United States Department of Health, 2004, p. 2)

The essence of health communication cannot be overemphasized in an age where disinformation about health issues abounds. More importantly, communication is central to the field of health communication, as Berry (2007) puts it communication here is a means by which health information is imparted and shared with others. Hargie and Dickson (2004) framed communication as central to the very essence of human conditioning. The health sector is such that especially demands effective and efficient communication. According to Schofield (2004), "effective communication was a drug that can be prescribed".

Subsequently, healthcare givers are always seeking for ways to better inform and educate both their patients and seekers of health information. As

captured by Pettigrew and Logan (1987), communication advances both health and illness in a society, and drives the system to run at optimal or marginal effectiveness. Having underscored the importance of communication to the field of health, it is important to note that there are different kinds of communication engaged in by healthcare givers targeted at specific audience. Moreover, healthcare givers appear to be engaged in seeking for ways to better inform an audience who are relentlessly seeking health information. Consequently, modes of communicating health messages have become dynamic especially with the advent of the new media. It is almost now commonsensical that we live in the information era, (Mattelart, 2003), and for staying healthy, which is the primary concern of all people, health communication becomes pertinent in whatever mode or form.

2 THE MANY POTENTIALS OF THE NEW MEDIA PLATFORM

In the 21st century, nations are being faced with increasing concerns about health problems,

particularly chronic diseases such as diabetes, and escalating health care costs. Our society is becoming more diverse in every conceivable way, and diversity is often, though not always, associated with health disparities, (Institute of Medicine, US, 2002). One of the ways through which healthcare givers and governments have devised to inform people about health issues is through the platform of the new media which have been known to have potentialities like speed, space, ubiquity and seamlessness.

The term 'new media' as passed mostly un-interrogated as most scholars have accepted it as a term used to describe a body of media technologies different from the traditional ones. We live in an increasingly inter-networked society powered by countless technological innovations; the new media for one. The new media, particularly the internet, are pervasive, (Green, 2010). With the help of recent technological advancements and applications development, the new media have overcome the challenges inherent in the traditional media such as strict controls and gate-keeping as the new media offer a discursive platform popularly referred to as a public sphere.

Green (2010) posits that once information is digitized, it can be handled in consistent and effective ways which allow a blurring of functions and the emergence of hybrid technologies. According to her, "increasingly, new media technologies can perform more functions in more varied contexts; such as accessing the internet from a mobile phone..." These potentials therefore, underscore the usefulness of the new media to sensitive sectors like the health sector and explain further why healthcare givers and governments have adopted these platforms of the new media to reach out to health information consumers.

3 THE INTERNET AND HEALTH INFORMATION: THE CONCEPT OF E-HEALTH

As explained above, the many potentials of the internet have prompted healthcare givers and nations to adopt the internet as a channel for communicating health messages to people who are increasingly in search for health information. This concept has been variously referred to as e-health, electronic health or internet health.

According to Eysenbach (2001), e-health as an emerging field is the intersection of medical

informatics, public health and business, mostly referring to health services and information delivered or enhanced through the internet and related technologies. Eysenbach believes that in a way, e- health encompasses a way of thinking and commitment for networked, global thinking to improve healthcare locally, regionally, and globally through the use of technologically empowered platforms like the internet. Eysenbach made some valuable assumptions about the broad application of e-health to include:

- **Efficiency** - One of the promises of e-health is to increase efficiency in health care, thereby decreasing costs.
- **Enhancing quality of care** - Increasing efficiency involves not only reducing costs, but at the same time improving quality.
- **Evidence based** - E-health interventions should be evidence-based in a sense that their effectiveness and efficiency should not be assumed but proven by rigorous scientific evaluation. Accordingly, much work still has to be done in this area.
- **Empowerment** of consumers and patients - By making the knowledge bases of medicine and personal electronic records accessible to consumers over the Internet, e-health opens new avenues for patient-centered medicine, and enables evidence-based patient choice.
- **Encouragement** of a new relationship between the patient and health professional, towards a true partnership.
- **Education** of physicians through online sources (continuing medical education) and consumers (health education tailored preventive information for consumers)
- **Enabling** information exchange and communication in a standardized way between healthcare establishments.
- **Extending** the scope of healthcare beyond its conventional boundaries. E-health enables consumers to easily obtain health services online from global providers.
- **Ethics** - E-health involves new forms of patient-physician interaction and poses new challenges and threats to ethical issues such as online professional practice, informed consent, privacy and equity issues.
- **Equity** - to make healthcare more equitable is one of the promises of e-health, but at the same time there is a considerable threat that e-health may deepen the gap between the "haves" and "have-nots". People, who do not have the money, skills, and access to computers and

networks, cannot use computers effectively. As a result, these patient populations (which would actually benefit the most from health information) are those who are the least likely to benefit from advances in information technology, unless political measures ensure equitable access for all. The digital divide currently runs between rural vs. urban populations, rich vs. poor, young vs. old, male vs. female, and between neglected/rare vs. common diseases. (Adapted from Eysenbach G, 2001)

As clearly reviewed above by Eysenbach, e-health embodies multiple usages.

4 AIMS OF THE STUDY

Students are placed as chief users of internet facilities and as such, in a generation supposedly prone to growing health concerns, this study appears apt for a number of reasons:

- To determine the extent to which Nigerian students are connected to the internet
- To ascertain their knowledge of e-health
- To explore the extent to which they are exposed to e-health resources
- To determine whether or not they utilize e-health resources

Subsequently, four principal research questions were posed for this study:

- To what extent are Nigerian students connected to the internet?
- What is their level of knowledge about e-health?
- To what extent are they exposed to e-health resources?
- Do they utilize e-health resources?

5 THEORETICAL BASIS

This study is anchored on the Health Belief Model. The HBM was postulated to explain health behavior, suggesting that people’s beliefs about health problems, perceived benefits to action and barriers to action explain engagement or lack of engagement in health promoting behavior. The model was developed in the 1950s by social psychologists Rosenstock et al, at the US public health service to better understand the widespread failure of screening programs for tuberculosis.

This theory is a ready foundation for this study on e-health utilization among Nigerian Undergraduate students in order to unbutton their level of utilization of e-health resources and subsequently, find out whether or not they take health action consequent upon exposure to e-health resources. When the result of this study turns out that a majority of the students’ source health information online and consequently take health action, it will then support the HBM that states that people only take health action based on perceived health beliefs and benefits.

6 METHOD

The research methodology adopted here is survey research design. Within a population of approximately 40,000 students body in both universities studied, a sample size of 400 was drawn using the Taro Yamane’s formula for sample selection. The instrument of data collection was the questionnaire. The questionnaire used here was a structured, pre-coded mini-document used to elicit response from respondents who simply ticked correct answers as they explain their disposition. In all, it was a 20-item questionnaire. Data was then analyzed using the Statistical Package for Social Sciences.

7 FINDINGS

Some of the major findings are discussed below:

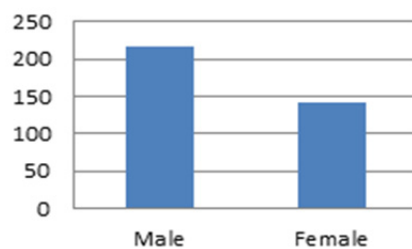


Figure 1: Sex of Respondents.

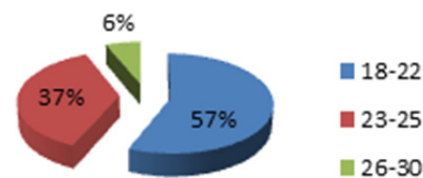


Figure 2: Age of Respondents.

Above, age bracket 18-22 has the most of respondents.

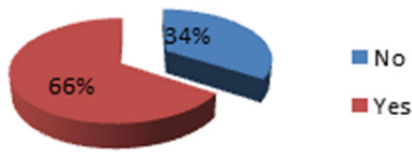


Figure 3: Respondents' with internet enabled-phones.

66% of the respondents owned internet enable phones.

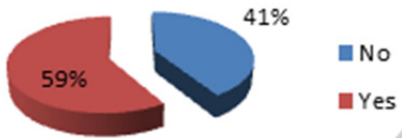


Figure 4: Respondents' with internet-enabled PC.

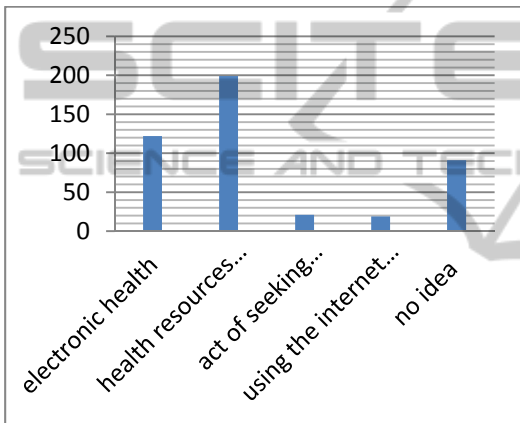


Figure 5: What is E-Health?

In the above data collected, most of the respondents are internet enabled one way or the other. Additionally, a good number of the students are aware of what e-health is.

Out of the many health concerns raised in the questionnaire, respondents were most concerned about the following:

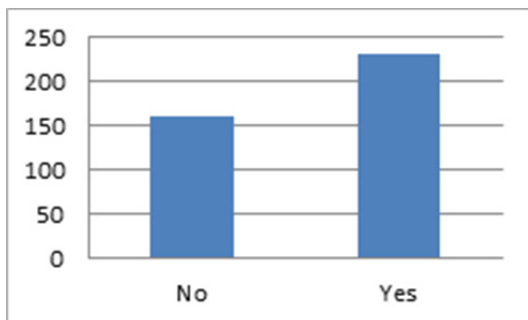


Figure 6: Respondents' Obsessed about sugar-intake.

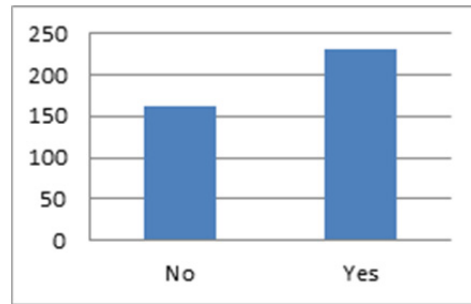


Figure 7: Respondents' Concerned about Pimply faces.

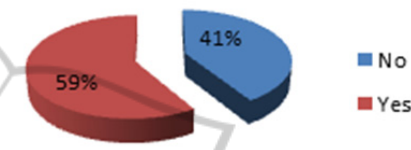


Figure 8: Respondents' concerned about STIs.

As depicted above, the respondents were concerned about sugar-intake, pimply faces, and most importantly, contracting sexually transmitted infections.

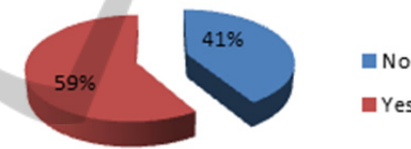


Figure 9: Respondents' who have sourced health info online.

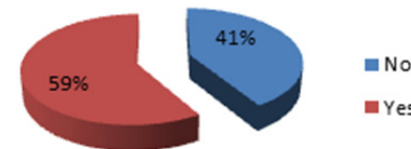


Figure 10: Respondents' who have been helped by health messages sourced online.

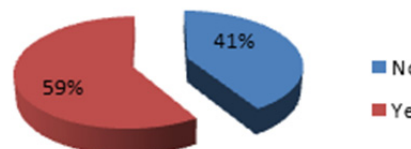


Figure 11: Respondents' who take proactive health action based on medical advise sourced online.

In summary, the findings show a good number of the respondents said they take proactive health action based on medical/health advice sourced online.

8 SUMMARY AND CONCLUSION

Summarily, our data revealed that most Nigerian students are internet-enabled. More than 66% of the respondents are aware and knowledgeable about e-health; and the chief among health concerns for these young people is that of contracting STI (Sexually Transmitted Infections). About 60% of the respondents have sourced health information online and about 60% have taken proactive health action based on medical/health information sourced online.

9 RECOMMENDATIONS

Arising from the result of our study then, we take this position that: e-health is a fresh-out branch of medicine and healthcare delivery and should be considered important by nations. As revealed in our study, a lot of young people in Nigeria rely on internet information. Therefore, being that the internet is a gateless medium; our advice is for young people to seek supplementary advice with their caregivers and health advisers so as not to make a wrong health move. We also recommend the following:

- In an e-world where everything is going electronic, Nigerian undergraduates should be better educated about the uses of e-health as the term embodies a lot of benefits as highlighted by Eysenbach (2001)
- Further studies should be carried out in other parts of the country (Nigeria) and other parts of the world to establish young people's use of e-health resources
- Better qualified healthcare givers should provide health information online rather than amateurs. Because the internet is a gateless medium, qualified health personnel should endeavor to develop blogs and websites with health resources that young people can easily access.

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