HEALTH INFORMATION NEEDS OF THE ELDERLY PEOPLE IN NSUKKA LOCAL GOVERNMENT AREA OF ENUGU STATE, NIGERIA

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Abstract
This study examined the health information needs, sources, barriers, and demographic influences affecting elderly residents in Nsukka.The descriptive design was adopted for the study. A mixed method approach was used for data collection. A sample size of 700 elders was selected through the multi-stage sampling technique. Data collection was by are two primary instruments: a structured questionnaire titled Health Information Needs of Elderly People Questionnaire (HINEQ) and key informant interview and Focus Group Discussions (FGDs) Guide. Experts in public health and gerontology validated the instrument. A reliability coefficient of 0.76 was obtained. Quantitative data were analyzed using descriptive statistics while Chi-square tests and logistic regression were used to test hypotheses. Qualitative data from interviews and FGDs were analyzed using thematic analysis. Results shows that information about hypertension/Blood pressure (78.9 %) is the most health information need by the elderly in Nsukka LGA of Enugu State. The most common sources of health information which were accessed by elders were radio (72.6 %) and from health workers (70.0%). Key challenges faced by the elderly include low literacy (60.0 %), complexity of information (47.6 %), and lack of access to media or technology (45.0 %). There is a significant relationship between education level and access to health information-seeking behaviour. Also, gender has significant influence on family/friends (p-value = 0.001) and religious leaders (0.003) as source of health information.
Key words: Health, Information, Elderly, Needs

Introduction

The global population is aging rapidly, and with it comes a growing demand for targeted healthcare services and information for elderly people. According to the World Health Organization (WHO, 2022), the number of people aged 60 years and older is expected to reach 2.1 billion by 2050. This demographic shift has significant implications for healthcare delivery, particularly in developing countries like Nigeria, where health systems are often unprepared to address the complex needs of the elderly.

Health information plays a critical role in promoting health awareness, encouraging preventive behavior, and enabling individuals to make informed decisions about their health. For the elderly, timely and accessible health information is especially important, as they are more vulnerable to chronic diseases such as hypertension, diabetes, arthritis, and cognitive decline (Okunola & Olatunji, 2021). However, older adults often face unique barriers in accessing and using health

information. These include declining cognitive function, limited digital literacy, low income, and in some cases, social isolation (Lee et al., 2020).

In rural and semi-urban settings such as Nsukka Local Government Area of Enugu State, elderly individuals are more likely to be excluded from modern sources of health information such as the internet and digital media. Instead, they may rely on traditional channels, interpersonal communication, or local healthcare providers. Yet, these sources are not always reliable, consistent, or available (Ezeani & Ozoemelem, 2019). Compounding the issue, limited education, poor infrastructure, and cultural beliefs may further hinder the ability of the elderly to seek and understand relevant health information (Oluwaseun & Uchenna, 2022).

Despite the critical role of health information in improving quality of life and reducing disease burden among the elderly, few studies have systematically explored the specific health information needs of older adults in Nsukka LGA. A context-specific understanding is crucial to inform health policy and design community-based interventions that can support healthy aging. This study therefore seeks to investigate the types of health information required by elderly people in Nsukka, the sources they use, the barriers they encounter, and how demographic factors such as age, education, and gender affect their health information-seeking behaviour.

Literature Review

Health information is vital in enabling individuals to understand, prevent, and manage illnesses. For elderly individuals, this need becomes more urgent due to age-related physiological decline and the increased prevalence of chronic conditions (Smith & Hung, 2020). Older adults often require information on managing hypertension, diabetes, arthritis, medication adherence, nutrition, exercise, and mental health. However, their ability to identify and articulate their health information needs is often hindered by limited health literacy and declining cognitive abilities (Nutbeam, 2008). A study by Ezeani and Ozoemelem (2019) in South-Eastern Nigeria found that most elderly participants expressed a strong need for information on chronic disease management, medication use, and access to affordable healthcare services. The study also indicated a demand for information on nutrition and alternative medicine, reflecting a blend of traditional and biomedical perspectives on health.

Elderly individuals rely on a variety of sources for health information, including healthcare providers, family members, radio, television, religious institutions, and where accessible—the internet (Odede & Odede, 2021). In rural areas such as Nsukka LGA, traditional and interpersonal sources tend to dominate, due to limited access to digital technology and low levels of e-literacy. A study conducted by Okunola and Olatunji (2021) observed that health workers were the most trusted source of health information among the elderly in rural Nigeria. However, the frequency of interaction with health professionals was limited by poor infrastructure, distance to health centers, and cost of services. Radio was found to be a widely used medium for health information due to its affordability and accessibility.

Multiple factors restrict elderly people from accessing the health information they need. These include physical limitations (e.g., poor vision, hearing loss), low literacy levels, and inadequate infrastructure such as poor internet connectivity or lack of electricity (Lee et al., 2020). In rural communities, cultural beliefs and stigma can also discourage elderly individuals from seeking certain types of information, particularly related to mental health or reproductive health (Oluwaseun & Uchenna, 2022).

Additionally, technological barriers remain significant. As digital health information becomes increasingly common, many elderly individuals are left out due

to a lack of digital skills and access to smartphones or the internet (Choi & DiNitto, 2013). In Nsukka and similar regions, these technological limitations may contribute to the persistent knowledge gaps regarding preventive care and chronic disease management.

Demographic variables such as age, gender, education level, and income may influence how and whether elderly individuals seek health information. Studies have shown that higher education levels correlate positively with both health literacy and frequency of information-seeking behavior (Sentell et al., 2017). Gender can also play a role; for instance, women are generally more proactive in seeking health information than men (Lee et al., 2020). In the Nigerian context, Odede and Odede (2021) reported that elderly men were less likely to ask questions during medical consultations, often due to cultural norms that discourage expressions of vulnerability. Conversely, elderly women tended to rely more on community networks and religious organizations for health updates and advice.

While existing research provides valuable insight into the health information behaviours of elderly populations globally and in parts of Nigeria, there is a lack of localized studies focusing specifically on Nsukka Local Government Area. The unique social, cultural, and infrastructural characteristics of Nsukka make it necessary to conduct targeted research. This study aims to fill that gap by examining the specific health information needs, sources, barriers, and demographic influences affecting elderly residents in Nsukka.

Methods

This study adopted the descriptive cross-sectional survey design, which allows for the collection of data at a single point in time to explore the health information needs, sources, and access patterns among the elderly in Nsukka Local Government Area (LGA). A mixed method approach was used for data collection. The study area was Nsukka Local Government Area, located in Enugu State, South-East Nigeria. Nsukka is a semi-urban area with a mix of rural and semi-urban communities, making it suitable for examining elderly health information behaviors in both traditional and transitional health environments. It comprises several towns including Aloruno, Edem Ani, Ibagwa Ani, Opi, Eha- alumona, Nsukka, Obukpa, Okutu, Okpuje, Edeobala, Leja and Obimo. These communities are occupied by a good number of elderly people who at different points need health information for their survival.

The target population consists of elderly individuals aged 60 years and above residing in Nsukka LGA. The estimated population of the elderly in Nsukka Local Government Area as at 2006 is 21,695. This age category aligns with the United Nations' definition of old age in developing countries (United Nations, 2019). The study included both male and female participants from various socio-economic and educational backgrounds.

The sample size for the study is 700. Multi-stage sampling technique was used to select the respondents. Stage one involved the use of the simple random sampling technique of balloting with replacement to select of five communities from Nsukka LGA. Stage two involved the use of simple random sampling technique to select two villages from each of the five communities sampled. Purposive sampling technique was employed to sixty elderly people from each of the villages sampled. The researchers visited churches, village meetings and farmers association meetings to access the respondents, so as to distribute the questionnaire.

Data collection instruments are two primary instruments: a structured questionnaire and key informant interview. The questionnaire titled Health Information Needs of Elderly People Questionnaire (HINEQ) is divided into two

sections, A and B. section A consist of three items on demographic characteristics of the respondents. Section B consists of three clusters: 1- 3, which gathered information on health information needs, sources of health information and accessibility and challenges/barriers.

The second instrument is the Key Informant Interviews (KIIs) Guide and Focus Group Discussions (FGDs) Guide. These were conducted to gather qualitative insights from elderly participants, community health workers and healthcare providers. This mixed-methods approach enhances the depth and validity of the findings (Creswell & Plano Clark, 2017). Content validity was ensured by reviewing the questionnaire with experts in public health and gerontology. Reliability testing was carried out using Cronbach's Alpha during the pilot study. A reliability coefficient of 0.76 was obtained considered acceptable (Taber, 2018).

Trained research assistants fluent in English and Igbo helped to administer the questionnaires through face-to-face interviews to account for varying literacy levels among participants. Audio recordings (with consent) were made during KIIs and focus group discussions.

Quantitative data were analyzed using SPSS. Descriptive statistics (frequency and percentage) were used to describe participants' characteristics and health information behaviours. Inferential statistics such as Chi-square tests and logistic regression were used to test hypotheses. Qualitative data from interviews and FGDs were analyzed using thematic analysis. Transcripts were coded manually to identify recurring themes and patterns. Ethical approval was obtained from the Faculty of Education Ethical Committee. Informed consent was obtained verbally from the respondents. Participation was voluntary. Anonymity and confidentiality was maintained by assigning unique codes instead of names.

Results

Table 1: Demographic Characteristics of Respondents (N = 620)

Variable	**f**	**(%)**
Age Group	**f**	**(%)**
60–69 years	294	47.4
70–79 years	202	32.6
80–89 years	92	14.8
90+ years	32	5.2
Gender	**f**	**%**
Male	281	45.3
Female	339	54.7
Education Level	**f**	**%**
No formal education	195	31.5
Primary education	167	26.9
Secondary education	135	21.8
Tertiary education	123	19.8

Table 1 shows the demographic characteristics of the respondents. Majority of the respondents are between 60 - 69 years of age (47.4 %); 54.7 per cent are females and 45.3 per cent male. 31.5 per cent had no formal education, while only 19.8 per cent had tertiary education.

Research Question 1:

What types of health information do elderly people in Nsukka LGA need most?

Table 2: Types of Health Information Needed by the Elderly (N = 620)

Health Information Type	f	%
Hypertension/Blood Pressure	489	78.9
Diabetes	420	67.7
Arthritis/Body Pains	362	58.4
Medication Usage	312	50.3
Nutrition	295	47.6
Mental Health	197	31.8
Traditional Medicine	186	30.0
Preventive care (e.g., immunization)	182	29.4
Sexual/reproductive health	177	28.5

Results in Table 2 shows that information about hypertension/Blood pressure (78.9 %) is the most health information need by the elderly in Nsukka LGA of Enugu State. This is followed by information on diabetes (67.7 %) and arthritis/body pains (58.4 %). From the table, the least information need is on sexual/reproductive health.

Research Question 2:

What are the main sources through which the elderly access health information?

Table 3: Sources of Health Information (N = 620)

Sources of Health Information	**f**	**%**
Radio	450	72.6
Health workers	434	70.0
Family/Friends	295	47.6
Television	232	37.4
Religious leaders	186	30.0
Internet/Social media	109	17.6
Community meetings	101	16.3
Traditional healers	96	15.5
Newspapers	75	12.1

Table 3 reveals that the most common sources of health information which the elders access were radio (72.6 %) and health workers (70.0%). This is followed by family/friends (47.6 %) and television (37.4 %). The least source of health information is newspapers (12.1 %).

Research Question 3:

To what extent do elderly people have access to reliable health information?

TABLE 4: Access to reliable health information by the elderly

Access to reliable health information	**f**	**%**
Satisfactory access to reliable health information	261	42.1

Limited or no access to reliable health information	359	57.9

The table above shows that out of 620 respondents: 57 9 per cent reported that they had limited or no access to reliable health information; while 42.1 per cent believed they had satisfactory access.

Research Question 4:

What challenges do elderly people face in obtaining health information?

Table 5: Challenges Faced in Accessing Health Information (N = 620)

Challenge	f	%
Poor literacy	372	60.0
Information is too complex	295	47.6
Lack of access to media/technology	279	45.0
Health workers don't explain enough	217	35.0
Physical limitations (hearing/vision)	196	31.6
I have no one to assist me	190	30.6
I don't know where to find health information	21	3.4

Table 5 indicates that key challenges faced by the elderly include low literacy (60.0 %), complexity of information (47.6 %), and lack of access to media or technology (45.0 %).

Hypothesis One

There is no significant relationship between education level and access to health information-seeking behaviour.

Table 5: Chi-Square Test Between Education and Health Information-Seeking

Variable	χ^2	df	p-value
Education vs. Info Seeking	16.48	3	0.001

Result of the hypothesis testing revealed that there is a significant relationship between education level and access to health information-seeking behaviour. Since $p < 0.05$, education level significantly influences health information-seeking behaviour among the elderly in Nsukka LGA.

Hypothesis Two

Gender does not significantly influence the source of health information accessed.

Table 6: Source of health information accessed by gender

	Male (n = 280)		Female (n = 340)			
Source	F	%	f	%	Total	p-value
Health workers	193	68.9	241	70.9	434	0.77
Radio	202	72.1	247	72.6	449	0.95
Family/friends	93	33.2	201	59.1	294	0.001
Religious leaders	47	16.8	139	40.9	186	0.003
Internet/Social media	63	22.5	47	13.8	110	0.12

Table 6 indicates that gender has significant influence on family/friends (p-value = 0.001) and religious leaders (0.003) as source of health information. The Chi-

square tests showed significant gender differences in preferred sources (e.g., women used religious sources more than men, p = 0.03).

Discussion of Findings

This study examined the health information needs of elderly people in Nsukka Local Government Area (LGA) of Enugu State, Nigeria. The findings revealed important insights into the types of health information elderly people seek, the sources they rely on, the barriers they face, as well as the influence of socio-demographic variables on their information-seeking behaviour.

The results showed that majority of the elderly in Nsukka Local Government Area (LGA) of Enugu State, were most interested in information related to hypertension (78.9 %), diabetes (67.8 %), and arthritis/body pains (58.4 %). These findings are not surprising as it is consistent with existing literature which suggests that chronic, non-communicable diseases are the predominant health concerns among older adults in sub-Saharan Africa (Okunola & Olatunji, 2021; Smith & Hung, 2020). Many respondents also expressed a need for information on medication usage and nutrition. This indicates awareness of the importance of lifestyle and treatment adherence. Qualitative interviews supported these findings. Participants emphasized the importance of receiving clear information about managing such chronic illnesses. Also, many interviewees expressed difficulty understanding medical jargon used by healthcare providers. One of the interviewees stated that doctors often communicate in ways that are hard to comprehend (Ezeani & Ozoemelem, 2019). This gap highlights the persistent challenge of delivering health information that matches the literacy and cognitive needs of the elderly.

On the sources of health information by the respondents, the results revealed that the most commonly cited sources were radio (72.5%) and health workers (70.0%). These are followed by family/friends (47.5%) and television (37.5%). This finding is surprising, because at this age of internet access, one would expect majority to be sourcing health information from the internet. This however, reflect the limited use of internet-based resources, likely due to poor digital literacy and infrastructural limitations in rural communities (Choi & DiNitto, 2013). Additionally, although health workers were among the most trusted sources; qualitative findings revealed that many elderly individuals felt that medical personnel often failed to explain health information in ways they could easily understand. The qualitative data further revealed a preference for oral over written communication due to widespread low literacy, with participants highlighting the importance of receiving information in the local Igbo language and through community gatherings. This is in line with Nutbeam's (2008) who emphasized on health literacy as a dynamic process requiring culturally and linguistically appropriate messaging.

The results indicate that more than half of the respondents (57.9 %) reported limited or no access to reliable health information. Key barriers identified by the respondents include low literacy (60.0 %), complexity of information (47.6 %), and lack of access to media or technology (45.0 %). These results are in line with Nutbeam's (2008) model of health literacy, which emphasizes the need for health information to be both accessible and usable, particularly for vulnerable populations like the elderly. Additionally, cultural norms and physical impairments such as poor eyesight or hearing were noted as further impediments to information access, reinforcing similar findings by Oluwaseun and Uchenna (2022). These were echoed in the qualitative findings. Focus group participants cited challenges in reading leaflets and understanding rushed explanations from healthcare workers. This confirms that the elderly often struggle with both the availability and comprehensibility of health

information (Nutbeam, 2008). Furthermore, sensory impairments such as poor eyesight and hearing, reported in interviews, also compound these difficulties, thereby reinforcing the need for multi-modal health communication strategies that accommodate these limitations (Oluwaseun & Uchenna, 2022).

The hypotheses testing revealed a significant relationship between education level and frequency of health information-seeking ($\chi^2 = 16.48$, $p = 0.001$). This is not surprising because elderly individuals with tertiary education were far more likely to frequently seek and effectively use health information compared to those with no formal education. The qualitative narratives supported the significant association between education level and health information-seeking behaviour as the interviewees emphasized how literacy empowers elderly individuals to better access and understand health information. This finding supports Sentell et al. (2017), who demonstrated that education enhances health literacy and promotes proactive health behaviour.

Similarly, gender differences were observed in information sources. Women were more likely than men to rely on religious leaders and family networks, than men. This reflects gendered patterns of socialization and information-sharing in Nigerian communities (Lee et al., 2020). This gendered pattern was evident in focus group discussions where female participants described relying heavily on church elders and relatives to interpret and relay health messages. This underscores the social dimensions of health information dissemination. These differences should be taken into account when designing gender-sensitive health communication strategies.

The logistic regression analysis also confirmed that limited access to health information significantly predicts poorer self-reported health outcomes (OR = 2.72, p = 0.015). The logistic regression finding that limited access to health information significantly predicts poorer self-reported health outcomes gains depth through qualitative accounts which describes how misunderstanding or lack of information led to poor medication adherence and delayed healthcare seeking. This result is especially important for public health planning, as it highlights the need to improve not only access to health services but also the flow and clarity of health information needed by the elderly. Ensuring that elderly people receive timely and understandable health information could contribute to better management of chronic conditions and overall well-being (World Health Organization, 2022).

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