

Communication Source of Seeking Health Information among Women: A Study in Orerokpe, Delta State, Nigeria

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Abstract. Through different communication sources, people seek health information for various reasons. Health information is important for people to understand their health situations and how to go about it. The study examines communication source of seeking health information among women in developing countries. The main objective of the study was to determine the communication source of seeking health information among women. The scope of the study was Orerokpe, a semi-urban town in Delta state, Nigeria. Substantial literatures on health-seeking information were reviewed. The study was anchored on the Wilson's theory of information seeking behaviour, which explains that people seek information in order to satisfy some information needs. A total of three hundred and thirty-eight (338) women between the ages of 20 to 65 years were surveyed using the instrument of the questionnaire. The study among others showed that the internet is a major communication source for seeking health information on regularly basis among educated women in developing countries but for clarity and complexities of health-care service and information, medical practitioners, pharmacists and nurses were sources of health-seeking information. The study also showed that while participants access health information but only consult a medical practitioner when it is a serious case. It should be noted that frequent seeking for health information reduces uncertainty regarding health status and help to improves lives.

Keywords: Communication source; health; health-seeking information; information; women

1. Introduction

Seeking health information from different media is imperative for health management. In the past

decades, health information was obtained only through the conventional mass media of radio, newspaper and television, as well as science health books and academic journals. However, with the present information and communication age, health information seeking behaviour (HISB) has greatly increased among individual, group of individuals, communities and nations. With the burden of diseases on the increase and various health problems plaguing humanity, nations have become worried about health related issues. Every year, huge amount of money is spent by different nations, medical research organizations or institutions on finding solutions to various health problems facing us. The need to have results on health development, enhance focus on self-monitoring and self-care, as well as renewed interest in health promotion and illness prevention knowledge and activities, contributed to HISB's taking centre stage (Lambert & Loisel, 2007). As a result of the increasing knowledge on health related issues, researchers have become interested to understand where and why individual go and retrieved information. Ikoja-Odongo and Mostert (2006) say information seeking behaviour is concerned with understanding how people seek and make use of information, the channels they use to get information, and the factors that inhibit or encourage information use. Thus, the need for something drives people into information seeking. Information seeking is a process of getting knowledge to take care of some needs. In other words, information is sought in order to satisfy a particular need or needs.

Studies on Health Information Seeking Behaviour (HISB) abound. For instance, Lambert and Loisel (2007) have examined health information seeking behaviour on scientific literature from 1982 to 2006. They studied the concept of health information-seeking behaviour to determine its level of maturity

and clarify the concept's essential characteristics. A study that examined factors associated with health information seeking from the internet, traditional media and health care professionals among a diverse population of US adults, showed that one in three US adult use the internet to diagnose or learn about a health concern (Jacobs, Amuta & Kwon Chan, 2017). A study had shown that parents' used digital media in seeking information on the context of child's health (Jaks; Juvalta; Baumann & Dratva, 2019). On this, Jaks, et. al. study showed that nearly all parents (91%) in Switzerland used digital media for seeking information on their child's health and development. This means there is easy accessibility of health information especially through the Web.

Many studies have been carried on the Internet as a major source of health information seeking. Pang; Chang; Pearce; and Verspoor (2014) say people tend to carry out online HISB than other media. Due to the development of the technologies and networks, people have a trend of seeking health information on the Internet. A study had indicated that health information seekers in Iran were passive information seekers rather than active ones (Gavgani; Qeisari; & Jafarabadi, 2013). Gavgani and his colleagues' results showed that most common resources for seeking health information were television and discussions with people. A study exists to show that women are more likely than men to search for health information (Atkinson; Saperstein; & Pleis; 2009; Fox; & Jones; 2010). Also, students' usage of the internet for health information seeking in a Ghanaian university was researched by Asibey,; Agyemang; and Dankwah (2017). Results from their study showed that university students are active users of the Internet to seek online health support. However, the use of the Internet was constrained by unreliable and slow connection, high cost of internet, and unreliable power supply. Similarly, a comprehensive literature review commissioned by the European Centre for Disease Prevention and Control (ECDC) in 2011 on health information seeking behaviour showed that the Internet is a major source of information for health professionals and patients, and this has increased.

Be that as it may, many studies point to the internet as a major source of seeking health information but studies have not adequately looked at sources of health information to women in developing countries like Nigeria. Studies in this area are grossly inadequate. Unlike other studies, this study focuses on women. Significantly, the study will provide valuable contributions to existing theories, concepts, studies, and researches in women's source of health information. The study is will help to adopt best approach in health information seeking.

Consequently, the aim of this paper among others is to:

- Determine the communication source of seeking health information among women in developing countries, and
- Ascertain the rate of access to health information

2. Literature Review

There are various publications on gender health information seeking behaviour. Many of these studies were based on factors that influenced health-care information seeking. Das; Angeli; Anja; Krumeich, and Schayick (2018) have shown that the relationship between health-seeking behaviour and diverse gender elements, such as gendered social status, social control, ideology, gender process, marital status and procreative status, changes across settings. Their study as carried in India, showed that women preferred informal healers in seeking health-care information. Their study provided reasons for this to be: cultural competency of care, easy communication, gender-induced affordability, avoidance of social stigma and labelling, living with the burden of cultural expectations and geographical and cognitive distance of formal health care. To them, the way in which different health care practitioners offer their services determines women's health-seeking behaviour. Social-cultural norms also have a strong impact on women in terms of influencing their health beliefs and habits. The study by Das and his colleagues further showed that women find communication a mutually comfortable process, in which they feel at ease while sharing their health-related experiences. The lack of independent finance often affects women when considering the type of treatment to seek. Also, the fear of being labelled or stigmatised seems to play a major role in determining the choice of health-care information seeking from medical experts or practitioners. In addition, inaccessibility to health-information also determines behaviour to health-care. These factors are evident among women in developing countries especially in the rural areas.

The above study largely present socio-cultural factors why women seek health information whereas, another study presented a demographic factor. The characteristics of patients visiting primary care providers in response to a variety of health concerns were examined by Asibey et. al. (2017). The study specifically investigated the extent of women's and men's health care-seeking behaviours in response to mental and physical health concerns. The result showed that women visit a family physician in

response to both physical and mental health concerns to a greater extent than men. This finding corresponds with that of Mackenzie et. al. (2006) result that women seek more health care in response to both physical and mental health concerns than men. In other words, women seek health-care information than men.

In view of this, Asihey and his colleagues' (2017) study further explain reasons for women's health-care information seeking. Men are underrepresented in primary care information service. As obtained in the study, age, knowledge of illness, illness prevention, trust in physicians and chronic conditions significantly predicted the extent to which women would visit their primary care physician in response to health concerns. As shown in the study, women with greater trust in physicians were more inclined to seek health care. In addition, women who were younger, had greater confidence in their ability to prevent illness, had greater trust in physicians and visit their primary care physician for health concerns to a greater extent than women who were older. On the whole, women behaviour towards seeking health-care information is high since it is predicated upon certain health factors. Health maintenance seems to be the basic underlying factor for seeking health information.

Studies have also examined characteristics or dimensions that determined health information seeking behaviour (Lambert & Loiselle, 2007). The authors believe that health information seeking behaviour is determined by two dimensions namely: the information dimension and the method dimension. The information dimension emphasises the characteristics of the information sought, particularly in terms of type and amount. The type refers to the content and diversity of the search. The amount refers to how much information or details about a given topic one seeks, underlining the depth of the search. Individuals have been found to vary greatly along this dimension. The method dimension of HISB focuses on the discretionary actions individual use to obtain health-related information and sources of information used. Discrete information seeking activities or strategies include direct and indirect questioning. In sum, HISB is characterized by the type and amount of health-related information sought, the specific actions implemented to obtain the information, and the sources individuals use.

Similarly, while Lambert and Loiselle identified the dimensions of HISB, a study had examined determinants of HISB. For example, Jung (2104) had identified factors that determine health-seeking

behaviour to be: demographic factors; psycho-social factors; perceived efficacy and norms, and health beliefs, media advocacy. To Jung, health information-seeking behaviour (HISB) is active need-fulfillment behaviour whereby health information is obtained from diverse sources, such as the media, and has emerged as an important issue within the transforming medical environment and the rise of medical cancer. The author stresses the importance of media-source of health information. Importantly, all these factors point to media advocacy. Invariably, public enlightenment campaigns through the media are imperatives for health information-seeking especially among rural women.

Many of the studies on sources of seeking health information focused on online source (Tustin, 2010; Jacobs et.al. 2017; Jaks, et.al. 2019). Interest in the internet as communication source for health-related information is ever increasing (Tustin, 2010) since the internet is a major source of information globally. Jacobs et. al. for example, showed that the Web is an easily available source of health information but could also create inequalities in health information accessibility especially among the elderly, those with low income, minimal education, and of certain ethnicities. The study further showed that many people still rely on alternative sources of health information such as personal networks, traditional media, and health care providers. To Jaks and her colleagues, the internet has become a highly frequented source of information for Swiss-German parents on children's health with largely valuable perceptions of its utility. The study also showed that parents also accessed health information for their children through the use of social media, various apps, websites and, chats, and posts. In a review on internet source for information-seeking among doctors and nurses in Ireland, Younger (2010) found that doctors access online information for update on health development especially in their area of specialty, clinical care, continuing professional development and patient information. The internet is perceived as a good resource of health information.

Public library had been shown to be a source for health information-seeking (Gavgani et. al., 2013). The results of their study indicated that among persons going to public libraries, there was a group that referred to public library for finding information about health and for using information sources such as medical magazines, books and etc. In review of relationship between socio-demographic variables such as age, gender, education and job and the use of health information resource, the study concluded that there is a meaningful relationship between education

level and use of internet for getting health information and between age, job and discussions with family, relatives or close friends for receiving health information. However, the problem with this source is that is directed only to the educated ones, it cannot be assessed by the local people.

3. Theoretical framework for Analysis

The study is anchored on Wilson's Model/Theory of Information Seeking Behaviour. The Wilson's information behaviour seeking theory was adopted for this study because of its integrated components of variables explaining information seeking behaviour. Wilson T.D theory of information behaviour seeking was first developed in 1981. The aim was to outline the various areas covered by what he proposed as information-seeking behaviour as an alternative to information needs. Referring to Wilson's theory of information-seeking behaviour, Ikoja-Odongo and Mostert (2006) posit that information seeking behaviour incorporates a series of encounters with information within a space of time. Finding information is therefore an engagement an individual gets involved in to try and rectify uncertainty in the process of moving through space and time. Information seeking behaviour theory involves a process and form of problem solving that goes through problem recognition, problem articulation, source selection, query formulation, search execution, examination of results, extraction of required information, and reflection Marchionini (1995, as cited in Ikoja-Odongo & Mostert, 2006) to get needed result.

Wilson later in 1996 revised his 1981 theory by bringing other elements of information behaviour seeking. Wilson suggested that information-seeking behaviour arises due to the need perceived by an information user in different stages or sequences. In order to satisfy that need, user makes demands upon formal or informal information sources or services. These demands for information result in success or failure to find relevant information. If the result becomes successful, the individual then makes use of the information found and may either fully or partially satisfy the perceived need or indeed. Ikoja-Odongo and Mostert (2006) put it in this way that the satisfaction of information need is proposed to be the driving force behind the action taken by a user. In order to satisfy a perceived information need, demands are made upon either formal or informal sources/services resulting in failure or success. Success leads to the utilisation of the information, which results in fully or partially fulfilling the perceived need. Should this not be the case, the

search process is repeated. The theory also highlights that part of the information-seeking behaviour may involve other people through information exchange and that information perceived as useful may be passed to other people, as well as being used or instead of being used by the person himself or herself (Kundu, 2017).

To Wilson, information needs and use are motivated by these variables namely; psychological, demographic, role-related or interpersonal, social environmental factors and the characteristics of information sources in determining information seeking behaviour that affect motivation. These variables or characteristics guide information-seeking behaviour. Using specific theories, Wilson explains how needs prompt people's information seeking behaviour, source preference, and why some people pursue a goal more successfully than others. This theory also seeks to explain the role played by various activating mechanisms or motivators influencing the 'what', 'how' and extent of a search. At the end, information-seeking behaviour could be passive attention, passive search, active search and on-going search depending on the individual personal characteristics and purpose. Invariably, information use is the guiding or main principle of information behaviour. The Wilson information seeking behaviour postulation is very much applicable to health information seeking behaviour. Information seeking behaviour explains how needs prompt information seeking. Information-seeking behaviour arises due to the health needs by an individual. The need is important to fulfill or satisfy some health desires.

The relevance and application of this theory is based on health information needs. People seek for health information in order to be healthy. Health challenges drive people into seeking health-related information. Health information need comes from the fact that something is missing or needed to be corrected, and this necessitates the seeking of information that might correct the missing items. In other words, the need for health information and use are motivated by the need to promote a healthy living. Behaviour towards health information seeking could be active or passive. Active behaviour towards health information are those individuals who are very much concern and worry about health issues and situations and they are one way or the other involved. They required health information on a regular basis from different sources namely radio, television, newspapers, magazines, health journals, the social media, medical and health experts and so on. Passive behaviour towards health information are those individuals who are need

information for personal consumption but not on a regular basis.

The theory gives an insight in explaining women’s behaviour towards health information-seeking. Wood (1997, as cited in Griffin, 2006) and Das et al. (2018) have differently studied that women seek health care information due to social expectations. For Das et.al., the role of women in following and maintaining socio-cultural norms leading to contrasting health-seeking outcomes. In other words, socio-cultural beliefs expect women to seek health information for the family than men. A study had found, for example, that women in developing countries seek both formal and informal health-care information than men (Drummond et. al., 2011). This health-seeking behaviour of women can be related to their lower (perceived) position in the community than men (Das et. al., 2018).

On a whole, the theory showed that socio-cultural expectations and the need to be healthy make women to seek health-care information in developing countries.

4. Research Methodology

4.1 Scope/Area of the Study

The conceptual scope of the study is communication sources of seeking health information. The demographical scope is restricted to women from the age of 20 years and 65, which adequately represent age work force (National Bureau of Statistics, 2016). The geographical scope is Orerokpe, the administrative headquarters of Okpe Local Government Area of Delta State, Nigeria, and the traditional headquarters of the Okpe kingdom dating back to the 17th century. Okpe is the largest kingdom in the Urhobo ethnic nation. The choice of Orerokpe is because it is one of the oldest local government areas in Delta State. Orerokpe is a semi-urban enclave. The major state government presence is the Okpe local government secretariat and the central

hospital that is ill-equipped, and a health centre at Oha, a nearby town. There is also one commercial bank, the Unity bank but some of the inhabitants preferred to go a micro finance in Oha to do their bank transactions.

The population of Orerokpe as at the 2006 National Population Census exercise was 5,893 (See www.population.gov.ng and www.nigerianstat.gov.ng). However, by population growth rate of 3.3 according to National Population Commission (NPC), by 2019, the population stands at 8,133. According to the NPC, women make up an average of 49.3% of any population in every town. By this, the population of women in Orerokpe stands at 4, 013. Using the Krejcie Robert and Morgan Daryle sample size developed in 1970, the sample size for the participants was 351. In other words, 351 women made up the participants for the research. However, only 338 of the participants could be reached. This represented 96% of the population of the participants or respondents. To reach these women, research assistants were hired for the purpose of administering the instrument. Questionnaire was the instrument used to collect data. They were nine (9) research assistants. The copies of the questionnaire were administered in November, 2019. During the administration of the questionnaire, eleven (11) residential houses were visited; ten (10) lock-up business shops in the streets were contacted; eleven (11) market shops were reached; the central hospital was contacted and the local government secretariat was also reached by the research assistants. This means that thirty-five (35) places were contacted. Eight of the research assistants were given 37 copies of the questionnaire while the research assistant that covered the hospital was given 42 copies. The questionnaire was made clear and simple to the local participants since some of them were secondary school certificate holders. It should be noted also that similar design of the questionnaire had been used by Babalola; Babalola and Okhale (2010).

5. Results Presented in Tables

Table 1: Socio-Demographic Data of Respondents

Characteristics	Frequency (N-338)	Percentage (%)
Age Characteristics		
20-30	87	25.7
31-40	101	29.8
41-65	150	44.4
Marital Status		
Unmarried	109	32.2
Married	229	67.7

Educational Level		
Primary Education	43	12.7
Secondary Education	73	21.5
Higher Education	222	65.6
Occupation		
Traders	58	17.2
Teachers	57	16.8
Farmers	46	13.6
Nurses	26	7.69
Civil Servants	82	24.2
Students	21	6.21
Hair Stylists	14	4.14
Other artisans	34	10.1

Source: Data collected from the field study, 2019

Table 2(A): Sources of Health Information to Respondents
Which one of these media sources has been your source of seeking health-Information?

Options	Frequency (n-338)	Percentage (%)
Radio	77	22.7
Television	79	23.4
Newspaper	00	00
Internet	133	39.3
Social media chat	39	11.5
Town crier/mobile van announcement	10	2.95

Table 2(B): Interpersonal Sources of Health Information to Respondents
Which one of these interpersonal (person-to-person) sources has been your source of seeking health-Information?

Options	Frequency (n-338)	Percentage (%)
Medical practitioner	121	35.7
Pharmacist	99	29.3
Nurse	87	25.7
Local midwife	12	3.55
Herbal practitioner (trado-medical)	19	5.62

Table 3: Most Effective Source of Seeking Health Information
Which one of these to you is the most effective source of seeking health information in terms of accessibility, cost, and clarity?

Options	Frequency (n-338)	Percentage (%)
Medical practitioner	113	33.4
Pharmacist	133	39.3
Radio	00	00
Television	00	00
Newspapers	00	00
Internet	00	00
Nurse	81	23.9
Local midwife	00	00
Herbal practitioner (trado-medical)	11	3.25

Table 4: Rate of Access to Health Information Seeking
Rate your access to health information seeking based on interpersonal source?

Options	Frequency (n-338)	Percentage (%)
Highly accessible	146	43.2
Slightly accessible	125	36.9
Delay in accessibility	67	19.8
Inaccessible	00	00

Table 5: Constraints in Seeking Health Information
Which one of these is the main constraint when seeking health information?

Options	Frequency (n-338)	Percentage (%)
Service fees	140	41.4
High cost of drugs	137	40.5
Poor health services and facilities	36	10.6
Lack of time	25	7.39

Table 6: Frequency of Seeking Health Information
Rate the frequency at which you sought for health information

Options	Frequency (n-338)	Percentage (%)
Daily	00	00
Weekly	00	00
Monthly	112	33.1
Occasionally	129	38.2
Whenever needed	97	28.6
None at all	00	00

Table 7: Most Frequent Aspect of Health Information Sought by Respondents'

Which one of these aspects of health information you sought frequency? Please note that the researcher recognize that this aspect is personal but it is strictly for research purpose.

Options	Frequency (n-338)	Percentage (%)
Malaria	121	35.7
Typhoid	86	25.4
Yellow fever	00	00
Measles	00	00
Immunization	07	2.07
Pneumonia	00	00
Tuberculosis	00	00
Rheumatism	12	3.55
Diarrhea	00	00
Hepatitis	00	00
Cough	00	00
Eye care	10	2.95
Tooth problem	00	00
Sexual transmitted issues	54	15.9
Pregnancy related issues	48	14.2

6. Discussion of Results

The data collected were analysed in percentage. It should be noted that in some of places visited, there were women who could not read or write. The resident research assistant had to speak the local language (Urhobo) and explain everything in the questionnaire to them. Results on socio-demographics of respondents showed that 44.4% of the respondents were between the ages of 40 to 65 years. This was followed by 29.8% of the respondents who were between the ages of 31 to 40 years. Studies have not been proven enough on whether age is a determinant factor for seeking health information. Although Asihey and his colleagues (2017) identified age as a determinant factor for seeking health information, however, as an individual grow older he/she is likely to seek health information. On marital status, 32.2% of the respondents were unmarried. This also includes single parent (mothers) while 67.7% of the respondents were married. This study like others (Das, et al., 2018; Jaks, et al., 2019) showed that married couples as well as single parent are likely to seek health information to a single woman. Health information on health care for their children ir child formed such reason.

On the educational level, 12.7% of the respondents had primary education, 21.5% of the respondents had secondary education while 65.6% of the respondents had higher education. Individuals with higher education are likely to seek health information more to those with lower education especially through the internet (Asihey, et. al., 2017; Jacobs, et. al., 2017; Jaks, et. al., 2019). The results on occupation indicated that 24.2% of the respondents were civil servants working in the local government secretariat. The local government secretariat and the central hospital are the only major government’s establishments.

The first main objective of the study was to determine communication or media source of seeking health information among women. The communication source was classified into Media Source and Interpersonal Source in order to present sufficient options to the respondents. Using percentage analysis, data showed that 39. 3% of the respondents used the internet to seek for health information. This implies that the internet is the most communication source of seeking health information among women in developing countries, though this is for educated women and those women who could use the smart phones to browse for information. The result of this study corresponds with many other

results (Atkinson, et. al., 2009; Fox & Jones, 2010; Asihey, et. al., 2017; Jacobs, et. al., 2017; Jaks, et. al., 2019) that the internet is a major communication source of seeking health information. The convention media of television and radio and trado-media like town crier are more appreciable and better understood by women rural and semi-urban areas in developing countries like Nigeria. This is why the Nigeria Demographic Health Survey Report for 2013 (NDHS, 2013) wrote that exposure to information on television and radio and in the print media can increase people's knowledge and awareness of new ideas, social changes, and opportunities as well as affect their perceptions and behaviours, including those related to health. The NDHS further showed that exposure to media increases health information and knowledge. For example, 66 percent of women with a secondary education or higher listen to the radio at least once a week, as compared with 23 percent of women with no education. Radio, for example has no language barrier when it comes to rural or semi-urban listenership. Health information on local language from the government, or its relevant government agencies or NGOs can be used on radio to reach all persons in the community.

Communication source of seeking health information also included interpersonal communication. Though the study showed that the internet is a major communication source for seeking health information, however, many of the not 'too educated' or rural women preferred to see a medical practitioner (35.7%), pharmacists (29.3%), nurses (25.7%), local midwife (3.55%) and herbal practitioner or trado-medical (5.62) in terms of clarity and complexities of the health service or issue. Oral data or information was obtained from some respondents that they only consult medical practitioner when the case is serious or complicated but for minor case, they consult a pharmacist or a nurse. This is common among individuals in developing countries, when pharmacists or nurses are consulted first for drugs and treatments before seeking a medical doctor. As also obtained through oral discussion with some respondents, some pregnant women consult local midwife for delivery while some use trado-medical treatment when they are sick. It is only in complicated cases that a medical practitioner is consulted. Das et. al. (2018) in their study of health-seeking behaviour in urban slum in India showed that women preferred informal healers in seeking health-care information.

Objective two was to ascertain the rate of access to health information. In terms of accessibility, cost, and clarity to the patient or seeker, consulting a pharmacist was considered by 39.3% of the

respondents as the most effective source of seeking health information. This was followed by 33.9% of the respondents that indicated a medical practitioner and well as seeking information from a nurse, as indicated by 23.9% of the respondents. The results indicated that seeking the professionals for health information was the most effective source of health information. Also, respondents were asked to rate their access to health information seeking based on interpersonal source. As shown in Table 4, 43.2% indicated highly accessible. While there are availability and accessibility to health information among women in developing countries, however, high service fees (41.4%) and high cost of drugs (40.5%) were the major constraints why women in rural areas go to informal or trado-medical practitioners.

Frequent seeking for health information enables an individual to know his health status and understands his body system or mechanism better. This is why Tardy and Hale (1998) see health information-seeking behaviour (HISB) as series interaction that reduce uncertainty regarding health status but also to construct a social and personal sense of health. Wilson (1999) as cited in Ikoja-Odongo and Mostert (2006) notes that information seeking behaviour arises as a consequence of a need perceived by the information user, who in order to satisfy it, makes demands upon formal or informal information sources or services, resulting in either success or failure. To Lambert and Loiselle (2007), HISB is a key strategy for people to understand their health problems and to cope with illness. Invariably, frequent seeking for health information reduces uncertainty regarding health status.

As the study showed, 33.1% of the respondents seek health information and service on monthly basis while 38.2% of the respondents occasionally sought for health information. Aspects of health information respondents sought frequently were ascertained. Data in Table 7 showed that 35.7% of the respondents frequently seek health information and service for malaria treatment. This was followed typhoid as indicated by 25.4% of the respondents. Also, 15.9% of the respondents frequently seek information on sexual transmitted diseases while 14.2% of the respondents indicated pregnancy related issues. On malaria, the World Health Organisation (WHO) 2019 Reports on malaria has it that African region was home to 92% of malaria cases and 93% of malaria deaths. WHO Report on malaria corresponds with this study that respondents frequently seek for malaria treatment. On information on sexual transmitted diseases (STD) and pregnancy related

issues, the National Bureau of Statistics Report on women and men for 2015 showed that women appear to live longer than men in all the states in Nigeria. However, among reported cases of diseases, HIV/AIDS affected females most. On the average, the disease accounted for 58.6 percent of female deaths and 41.4 percent of male deaths in the period 2010-2015. This explains that health information is not only needed for life expectancy and diseases prevention and control but also for health related issues.

The finding in this study that women seek formal and informal means for health information finds credence to the theory adopted for this study. Wilson's theory on information seeking behaviour posits that information-seeking behaviour arises due to the need perceived by an information user in different stages or sequences. In order to satisfy that need, user makes demands upon formal or informal information sources or services. Wilson also wrote that information seeking could be active search or passive search depending on the personal characteristics of the individual purpose or need. Purpose or need therefore defined level or rate of health information seeking behaviour. It was showed in the study that participants were active in seeking health information but passive in seeking medical practitioner service due to cost unless in serious case.

7. Implications of the Finding

Arising from the study, the findings imply that:

Women only seek health information from medical practitioners when the case is serious but not because they want to have knowledge on the best practices of prevention and management on health issues. While there are availability and accessibility to health information among women in developing countries, however, women are not proactive in health treatment. Cost of medical treatment was ascertained as a major constraint why participants employ informal means of seeking health information and service. This is the case in many rural areas in developing countries.

Frequent seeking for health information reduces uncertainty regarding health status and better the lives of people.

8. Conclusion and Recommendations

On daily basis, new medical knowledge, practices and treatments are developed by researchers in order to solve health problems. People need health information to prevent and manage health issues.

Information-seeking behaviour is therefore stem from concerns of how people use information to better their lives. However, behaviour of women in developing countries towards seeking health information do not stem from the fact to be proactive but for management. Health information seeking among women is sought only when they have ailment to treat not because they want to have knowledge and best practices of health management. Future researcher in this field should look at young adults' attitude towards health-seeking information.

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An Evaluation of Aspects of Culture and Grammatical Metaphors in Selected Tunde Kelani's Films

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Abstract. This paper analyses aspects of culture and grammatical metaphor in Tunde Kelani's films. Both primary and secondary sources of data are employed for the analysis of this study. The primary source includes five purposively selected films of Tunde Kelani. The study is restricted to only five of Kelani's films because of their richness in grammatical metaphor. Books, journals, articles and the internet form the secondary source of data. Data were analysed within the provision of Halliday's theoretical notion of grammatical metaphor introduced in 1985 within his Systemic Functional Grammar. The results show that Tunde Kelani employs interrogative construction for statement to clear the interrogator's doubt, to achieve diplomacy, to suggest lack of direction, to dodge subsequent question, etc. Second, the analysis of grammatical metaphor in the films reveals that Kelani utilizes statement in the directive mood for politeness purpose. Third, the study shows that statement could be used to express the directive mood. This reflects indecision from the part of the speaker. It also reflects the power relation between the interlocutors involved. In conclusion, the complexity of the information in Nigeria's films is as a result of the different forms of grammatical metaphors used. In a nut shell, grammatical metaphor creates tension, suspense and dramatic irony in Tunde Kelani's films, thereby making them interesting enough. Therefore, the aspects of grammatical metaphor of Nigeria's films should be studied to get the whole thematic concerns therein. In this paper it is suggested that further studies be carried out with some attentions on stylistic analyses in order to have a holistic understanding of Tunde Kelani's films.

Keywords: Culture, metafunctions, grammatical metaphor, results, films

1. Introduction

Context-dependent aspects of language are subsumed under pragmatics. This understanding, according to Levison (1983) has little connection with linguistic structure. This assertion might be responsible for Kempson's (1977:68) claim that the study of Pragmatics aims at giving an explanation with regards to how speakers of any language may use the sentences of that language to convey messages which do not necessarily have any relationship with the linguistic content of the sentences actually used.

The pragmatic study according to Dairo and Onadeko (2008:80) involves "speech acts, conversational structure, conversational management, discourse organization and sociolinguistic aspects such as choice of address form." It also encompasses grammatical metaphors, which according to Norgaard et al. (2010:96-7), "refer to grammatical constructions which are employed to perform grammatically non-typical task". A fact that is obvious from the definitions of Pragmatics and Grammatical metaphors given by Kempson (1977) and Norgaard et al. (2010) respectively is that the grammatical metaphor interpretation of any text is pragmatic.

The propagation of a functional notion of language is credited to Halliday (1985). Kress (1976:19-24) as cited in Opara (2005) opines that even though there are copious social purposes for which users of any language use them, they are chopped down to a sizeable number of functional aspects (that is, metafunctions). The metafunctions include: the ideational functions, the interpersonal functions and the textual functions. The ideational function of language presents language as a tool for representing