

USE OF SOCIAL NETWORKING TOOLS IN THE PROVISION OF HEALTH INFORMATION AT DZIWANI KNOWLEDGE CENTRE: BENEFITS, IMPACTS AND PROSPECTS

Moses Chingala

Documentalist, University of Zambia, Technology Development and Advisory Unit (TDAU)

Former Resource Centre Officer, Afya Mzuri

Email: moseschingala@yahoo.com / moses.chingala@unza.zm / moseschingala@gmail.com

Felesia Mulauzi

Lecturer, University of Zambia, Department of Library and Information Studies

Email: fmulauzi@gmail.com, mzulu@unza.zm

ABSTRACT

In an information age as the current one, the importance and use of social networks cannot be ignored. With various social networking tools being developed, the health sector cannot afford to be conservative in the approaches used for health interventions. Optimum utility of these tools is useful in presenting information that borders on health and wellness that would otherwise be under-utilized owing to its orthodox packaging. The purpose of this paper is to share with colleagues what Afya Mzuri and its Dziwani Knowledge Centre for Health is accomplishing by linking its e-bulletin to social networking tools such as Facebook, the centre's web portal, and blog thus providing an interactive information service that ensures that health information is delivered right to the door-step of the busy professional, the social network youth addict and the health researcher. Dziwani Knowledge Centre for Health is a knowledge management service of Afya Mzuri, a health NGO. It offers information on HIV and AIDS, Tuberculosis, Malaria, Nutrition, Mother and Child Health, Sexual Reproductive Health, Family Planning and life style diseases. The paper also discusses benefits and impacts that the information service is having on communities as is evidenced by success stories documented in the e-bulletin feedback service. Lastly, but not the least, the paper highlights future prospects of Dziwani services in view of the recently launched web portal and an IT system that triggers alerts to subscribers of the e-bulletin

accessible on the phone and computer and a campaign that has been launched using various avenues to increase awareness of such services to the average Zambian.

KEYWORDS

Information, Knowledge Management, Facebook, Blog, Social media, Web 2.0, Behavioral change, Health

INTRODUCTION AND BACKGROUND

Social media has recently emerged as not only a promising technology for knowledge management (KM) (Levy, 2009) but also an enabler of information creation, consumption, dissemination, collaboration and coordination in entirely new ways (Lapointe, Ramaprasad and Vedel, 2013). It has been used to connect different people in different geographical locations and different interests thereby creating an opportunity to disseminate any kind of information including health. Health information dissemination is thus, an activity that ensures behavior change among most risk population relating to risk practices that promote ill health. Additionally, Lapointe, Ramaprasad and Vedel (2013) argue that “in healthcare... information dissemination is a key mechanism of creating awareness, a crucial factor in the early detection and prevention of diseases”. This activity can be undertaken in both formal and non-formal settings such as social media platforms. Social media is defined as “a group of internet-based application that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of user generated content” (Kaplan & Haenlein, 2010: 61).

Emphasizing on the role of social media in healthcare, Lapointe, Ramaprasad and Vedel (2013) observed that social media are now providing a space to discuss medical conditions outside of the healthcare providers’ office. Patients and their families use social media technologies to share their experiences and their findings and educate others with similar conditions. They repackage the information they find for others, creating forums for knowledge discovery and discussion. The authors have further argued that social media provides a forum for reporting personal experiences, asking questions, and receiving direct feedback for people living with a disease. Through social media, support groups have found a new platform for organizing as patients and family caregivers share their experiences, seek consolation online, and connect with others.

Blogging and Facebook have been regarded as the most commonly used social media technologies (AlAamri, 2009). Although they could probably facilitate knowledge management by capturing the narrative experiences and disseminating information and knowledge (Stiler and Philleo, 2003), relatively little research effort has been dedicated to investigate the knowledge management potentials of blogging and Facebook. Knowledge Management (KM) has taken the world by storm. Even developing countries like Zambia are not lagging behind. Rastogi (2000: 40) defines knowledge management as “a systematic and integrative process of coordinating organization-wide activities of acquiring, creating, storing, sharing, diffusing, developing, and deploying knowledge by individuals and groups in pursuit of major organizational goals”.

Further, Kakuwa (2013) notes that knowledge management involves both explicit and tacit types of knowledge. One way in which knowledge can be shared is online - in a blog. ‘Blogging has joined e-mail and social-networking sites as a mass use of the internet. Burnett (2014) defines Blogs as “frequently updated, reverse-chronological entries on a single webpage. Blogs can be very useful for organizations. They can be used to store information and to transform that collection of information into useful knowledge.” Personally, librarians and other professionals can use blogs to keep abreast of developments in their field, follow or participate in debates and discussions that go on online.

Apart from its advanced group features, Facebook is also associated with greater online social connection, which can promote knowledge dissemination and sharing. There is a slight difference between blogs and Facebook in term of their knowledge acquisition and application activities. In particular, their difference mainly lies on the knowledge construction. As suggested by Chatti et al. (2007), “*social media supports a bottom-up building of communities and networks*”. By using appropriate social media technologies, it can enhance the social motivation of the users in pursuing knowledge management. The current dominance of public blogosphere may mean that the satisfaction gained from sharing information in blogging has been less studied in comparison to motivations related to communication and interpersonal relationships, which is why this paper is so important.

DZIWANI KNOWLEDGE CENTER FOR HEALTH

Dziwani is the knowledge management department of Afya Mzuri. Afya Mzuri, which means "Good health" in Swahili, is a Zambian non-governmental organization (NGO), which began life as the Zambia HIV/AIDS Business Sector (ZHABS) Project (2000 to 2004) and registered as Afya Mzuri in 2003. For the past nine years, Afya Mzuri has been a key implementer of a range of workplace-related HIV and AIDS activities supported by a number of donors. In addition to this, Afya Mzuri is mandated to research, document and disseminate information about HIV and AIDS. In early 2009, Afya Mzuri sought to redefine its core-business focus of the organization. The redefined vision for the organization is: To build upon its known expertise in the collection, management and dissemination of HIV and AIDS materials in Zambia via an expanded central Resource Centre and enhanced provision of decentralized information services. This expansion will include one of remit, strategically linking HIV and AIDS to the related issues of TB, STIs, sexual and reproductive health, maternal and child health, and malaria, while providing extensive repository, archive and materials distribution facilities, together with comprehensive database and web services. The vision of the organization is therefore, "to be recognized as Zambia's leading experts in behavior change, community empowerment and knowledge management for health". While its mission is "to contribute to the national health response through empowering people and communities to adopt healthy behaviors through innovative and participatory approaches."

As a Knowledge Management department, Dziwani Knowledge Centre for Health has taken advantage of social networks to advance better health by providing health information to members and subscribers. Its expansion in 2012 enabled its massive visibility on the web. Nyirenda (2013) explains that currently, the Centre has a number of facilities and these include a reference library with more than 7,000 publications; a video library with computer facilities; a cyber café intended for health research, Web portal (online learning, issuance of materials, Monitoring and Evaluation); *Insaka* space for on-site learning/training sessions, focus group discussions, e-learning, group discussions via skype, workplace programs and workshops; e-Bulletin sent via email and blog; warehouse for Information Education and Communication (IEC) materials such as posters, brochures and health games, an archive for IEC materials produced in Zambia (hard and soft copies); and a database of health organizations in Zambia, their contact details and their mandate.

BENEFITS AND IMPACT OF E-BULLETIN FEEDBACK SERVICE

Our main focus is to share with you what Afya Mzuri and its Dziwani Knowledge Centre for Health is accomplishing by linking its e-bulletin to social networking tools such as Facebook, the Centre's web portal, and blog thus providing an interactive information service that ensures that health information is delivered right to the door-step of the busy professional, the social network youth addict and the health researcher. E-bulletin is a daily email from Dziwani which contains the latest stories relating to HIV and AIDS, Malaria, New born, Maternal and Child health, Nutrition, Family Planning, Sexual Reproductive Health, Sexually Transmitted Infections and Tuberculosis in Zambia and Sub-Saharan Africa from the daily newspapers, as well as details of items added to the resource Centre, and a selection of Internet sites and news stories from other email bulletins.

At present, the e-bulletin is read by more than 3,000 readers in and outside the country. The bulletin typically comprises of health news from the daily tabloids, news from selected health internet sites and summaries of not more than three featured resources from either the reference or the video libraries. The facility also includes health promotions undertaken by the institution. This way, readers can access health headlines without buying a tabloid. However, due to copyright issues, the bulletin just provides a summary and a pointer to a well acknowledged source, and since most tabloids have an online presence, a reader can simply search the particular article on the web. Appendix A provides examples of health news that is posted on the e-bulletin from different sources.

Email subscription to the service can be made by simply entering one's email address. Further, notice of de-subscription can be communicated by an email reply to the sender. In such cases, administrators simply deletes the email address from the mailing list. The blog version of the bulletin can be accessed at its blog address where there is also an archived collection of back issues of the bulletin. Here, there is also an allowance of comments, by which readers interact with the administrators who are able to answer health concerns raised by the public. The articles appearing on these two platforms are then uploaded on the Facebook page, thereby providing maximum utility of the social platforms and making it highly interactive.

The web portal is used to support on line research and information needs of the community. Some services accessible through the web portal include registration for membership for both individuals and organisations; e- Learning; online discussion forums; online ordering of Information Education and Communication (IEC) materials; databases for trainers, facilitators and behaviour change specialists and downloadable health information materials.

All in all, these social networking tools make it easier for members of staff to advance another mandate of their institution – behavior change communications. The benefits of health knowledge to members of the public are enormous and may not be quantified. Eventually, Afya Mzuri helps in enabling good health practices among people. One of the beneficiaries of the e-bulletin, Perl, notes the life-changing benefits of accurate and timely health knowledge.

Bernett et al (2007) notes that Facebook, the world’s largest social networking website, has 1.1 billion users each month. Therefore, health messages can be delivered via existing contacts, which may be more influential than behavior change interventions delivered via traditional methods. Further, unlike traditional Web-based interventions, online social networks typically achieve high levels of user engagement and retention; and social media requires users to actively engage and generate content, which may well be more influential than traditional websites and advertising that are typically more passive in nature (ibid).

FUTURE PROSPECTS OF DZIWANI SERVICES

In view of the recently launched web portal and an IT system that triggers alerts to subscribers of the e-Bulletin accessible on the phone and computer and a campaign that has been launched using various avenues to increase awareness of such services to the average Zambian, Dziwani is likely to touch upon millions of lives with health information. It is hoped that these strategies receive adequate funding so the general public can continue to reap the benefits. Lack of or insufficient funding is the major challenge facing this service as most of the institution’s services are project-based. While it may not come as a surprise to wake up one day and find this service gone, the authors note the importance of keeping such a programme running in an era of increased numbers of diseases. Once adequately supported, the e-Bulletin can go a long way in fostering health

behavior change. One of the shortcomings of the service is the limited number of people with email and online accounts. However, this is being countered by the rapid growth of the ICT sector that is seeing more Zambians being more interactive on social forums than formal settings. With the development of more social networking tools, there is no doubt the e-Bulletin will be accessed through text-based tools such as WhatsApp, offline platforms such as SMS and audio-based support systems such as toll-free lines for automated audio updates.

CONCLUSION

While blogs and social networking tools can be useful, it is important to note that they are just tools and not the objective itself. While more research needs to be done as to how blogs can more effectively be used, it is important to note that technology will continue to influence learning. The next step may be the integration of knowledge management and e-learning systems to augment current practices. Blogs also introduce individuals or communities to online learning communities so they can access and evaluate information, and construct new learning paradigms for themselves. Finally, effectively modeling ways to use blogs as a learning tool is a useful skill for individuals to have as they embark on their journey of life-long learning.

ACKNOWLEDGEMENTS

We wish to express our special gratitude to Mr. Peter Nyirenda, a serving Resource Centre Officer at Dziwani Knowledge Centre for Health, Afya Mzuri, for the additional data on client feedback. Appreciation also goes to Mrs. Bridget Kakuwa-Kasongamulilo for her great insight into the subject.

REFERENCES

AlAamri, K.S. (2009). *Using web 2.0 technologies to enhance academic writing proficiency among EES students in Sultan Qaboos University: An example of Facebook and blogs*. Available at: http://conference.pixel-online.net/edu_future2012/common/download/Paper_pdf/66-ENT60-FP-Alaamri-FOE2012.pdf (Accessed 12/07/2015).

Bakshy, E., Rosenn, I., Marlow, C. and Adamic, L. (2012). *The Role of Social Networks in Information Diffusion*. Available at: <http://arxiv.org/pdf/1201.4145.pdf> (Accessed 12/07/2015).

Burnett, S., Pedersen, S., Smith, R., Aberdeen Business School and Robert Gordon University. (2007). *Storytelling through blogging: A knowledge management and therapeutic tool in policing*. Available at: <http://www.sipr.ac.uk/downloads/Storytelling.pdf> (Accessed 13/07/2015)

Chatti, A., Klamma, R., Jarke, M., & Naeve, A. (2007). *The Web 2.0 driven SECI model based learning process*. Available at: http://kmr.nada.kth.se/papers/TEL/CKJN_ICALT07.pdf (Accessed 10/08/2014).

Heldman, A.B., Schindelar, J. & Weaver, J.B. III. (2013). Social Media Engagement and Public Health Communication: Implications for Public Health Organizations Being Truly “Social.” *Public Health Reviews*, 35(1). Available at: http://www.publichealthreviews.eu/upload/pdf_files/13/00_Heldman.pdf (Accessed 12/07/2015).

Kakuwa-Kasongamulilo, B. (2013). Interview, 16 February.

Kaplan, A.M. & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities of Social Media. *Business Horizons*, 53, pp. 59 – 68. Available at: <http://openmediart.com/log/pics/sdarticle.pdf> (Accessed 12/07/2015).

Lapointe, L., Ramaprasad, J. & Vedel, I. (2013). Creating health awareness: a social media enabled collaboration. *Health Technol.* Available at: http://www.mcgill.ca/desautels/sites/mcgill.ca/desautels/files/creating_awareness_through_social_media_-_health_and_technology.pdf (Accessed 12/07/2015).

Levy, M. (2009). WEB 2.0 implications on knowledge management. *Journal of Knowledge Management*, 13 (1), pp.120 – 134. Available at: <http://www.emeraldinsight.com/doi/pdfplus/10.1108/13673270910931215> (Accessed 12/07/2015).

Rastogi, P. N. (2000). Knowledge management and intellectual capital - The new virtuous reality of competitiveness. *Human Systems Management*, 19 (1), pp. 39–48.

Scanfeld, D., Scanfeld, V. & Larson, E.L. (2010). Dissemination of health information through social networks: Twitter and antibiotics. *Am J Infect Control*, 38(3), pp. 182 - 188.

Stiler, G. M., & Philleo, T. (2003). Blogging and blogspots: an alternative format for encouraging reflective practice among preservice teachers. *Education*, 123, pp. 789 - 797.

Nyirenda, P. C. (2014). Interview, 22 October.

News from Zambian Newspapers:

Typhoid eradicated in Kanyama

Zambia Daily Mail, Monday 29, June 2015, p2

The outbreak of typhoid in Lusaka's sprawling Kanyama Township has been brought into check as no new cases have been reported since early this month. Ministry of Health Deputy Minister Chitalu Chilufya said in an interview in Lusaka, that there has been no escalation in cases of typhoid from the initial 291 suspected cases that were recorded.

Wrestling with early pregnancies

Times of Zambia, Monday 29, June 2015, p5

Engaging in sexual acts among school girls not only in Kabwe's Central Province but the country as a whole is becoming a common phenomenon resulting in early pregnancies which the Government is grappling with in the educational sector. But when asked if it was right for school girls to involve themselves in such acts instead of concentrating on their education, one affected girl responded by saying that "making perfect" before bursting into laughter.

N/West HIV prevalence hits 7.2 p.c

Times of Zambia, Thursday 2, July 2015, p3

The traditional leadership of North Western Province is saddened that AIDS prevalence in the province has increased from 6.9 per cent to 7.2 per cent. The leaders said new cases of the disease are being driven by factors of migration of labour and mobility, multiple concurrent partnerships, commercial sex work and archaic cultural practices.

Mwense HIV/AIDS patients shunning ARVs

Times of Zambia, Friday 3, July 2015, p3

Health authorities in Mwense District of Luapula Province are concerned with the growing trend by HIV/AIDS patients to shun accessing Anti-retroviral treatment. ONLY 2,234 people are accessing the treatment from a total of 3,411 people living with the AIDS virus.

The gap between rich and the poor in accessing medical services keeps widening- Kasonde

The Post, Wednesday 1, July 2015, p3

Health minister Dr Joseph says the gap between the rich and poor in accessing medical services keeps widening. Dr Kasonde said access to universal health coverage gives the citizenry equity and that it abolishes distinctions between the privileged and marginalized. "The gap between those who can access needed health services without fear of financial hardship and those who cannot is widening. Each year 100 million people fall into poverty because they or a family member becomes seriously ill and they have to pay for care out of their own pockets."

Liberia quarantines Ebola case area

The Post, Thursday 2, July 2015, p17

Liberian authorities on Tuesday quarantined two households after the corpse of a 17 year old boy was found with E-bola, sparking fears the West African country could face another outbreak of the disease nearly two months after being declared Ebola-free. "Liberia has got a re-infection of Ebola," Tolbert Nyenswah, deputy health minister and head of Liberia's Ebola response team, told the Association Press.

Selected internet sites

Sierra Leon: Scapegoated faith Health Healers Needed in Health System

All Africa News 2 July 2015

London — Traditional healers were blamed for worsening the spread of Ebola in Sierra Leone, but they need to be included in any plan to improve the country's healthcare and prevent such crises in future, researchers said on Thursday. In parts of Sierra Leone, people trust their local healers more than health clinics, where overworked and underpaid staff can be rude, dismissive or charge for services that should be free under the national health system. In other areas, people visit both the healer and the clinic when they fall ill - one for treatment to cure their body, the other for more spiritual healing, said Richard Mallett, co-author of "After Ebola: why and how capacity support to Sierra Leone's health sector needs to change". "Traditional healers are considered incredibly important in local communities. You can disagree with them as much as you want, but if you don't work through them it's not surprising if you then see limited results," Mallett said in an interview.

(Read full article).

Cancer Immunotherapy approved in UK

BBC News 2 July 2015

A pioneering cancer drug that harnesses the power of the immune system has been approved for use in the UK. Nivolumab was one of the drugs labelled a "milestone" therapy at a major cancer conference last month. It has been approved for lung cancer through the UK's Early Access to Medicines Scheme and has been given an EU license for melanoma. The drug has been shown to stop skin and lung cancers from progressing, in clinical trials. The immune system is a powerful defence against infection. However, there are many "brakes" built in to stop the system attacking its own tissues. Cancer - which is a corrupted version of healthy tissue - can take advantage of these brakes to evade assault from the immune system. Nivolumab takes the brakes off. One trial of nivolumab, alongside an already approved medicine ipilimumab, stopped melanoma advancing for nearly a year in 58% of patients. A separate trial in lung cancer showed the drug more than doubled survival times in some patients. The treatment has now been allowed in the UK for both skin and lung cancers. Gill Nuttall, from Melanoma UK, said: "There has been an alarming rise in the number of cases of melanoma in the UK over recent years." Today's news is therefore very welcome as it provides more options for patients and the potential of better, longer survival."
(Read full article).