

**INFORMATION, WOMEN'S HEALTH AND
DEVELOPMENT: STRATEGIES FOR INFORMATION
PROVISION IN AFRICA**

**Submitted in partial fulfillment of the requirements for the
Master of Library and Information Science (Mbibl) degree**

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Declaration

This study represents original work by the author. Where use was made of the work of others it has been duly acknowledged.

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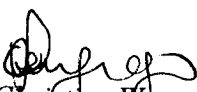

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CIDA	Canadian International Development Agency
HIV	Human Immuno Virus
IDRC	International Development Research Centre
IFUW	International Federation of University Women
ILO	International Labour Organisation
NGOs	Non Governmental Organisations
OAU	Organisation of African Unity
PTA	Preferential Trade Area
SADC	Southern Africa Development Community
SIDA	Swedish International Development Authority
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational and Scientific Organisation
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WEDNET	Women, Empowerment and Development Network
WHO	World Health Organisation

ABSTRACT

The literature relating to women's health in Africa focuses on health information seeking needs. It rarely focuses on how women's health information needs link to the development of the continent. The dissertation examines the interrelationships between women's health information needs and development.

The study sought to establish the significance of information to women's health and development. In order to validate this link the study employed three data collection techniques - documentary research, interviews and electronic mail questionnaires.

In illustrating that there is a relationship between women's health and development, the study argues that women's empowerment can only be achieved where sufficient information is provided for women to make informed independent decisions concerning health issues that affect them. This relates especially to when to have children, how to protect themselves against AIDS, what the early warning signals of breast and cervical cancer are, and how best to look after their children and the community at large.

The study further argues that these types of challenges can only be met with an efficient and effective health information service that is both gender sensitive and context specific to the African continent.

CHAPTER 1

Introduction

1.0 Overview

This chapter addresses the following issues:

- Scope and premise of the study;
- Statement of the problem;
- Aim of the study, and;
- Overview of the dissertation.

The provision of good health is today emerging to be a cardinal facet of the development process in Africa. This argument is premised on the inarguable fact that health is the most salient component of any meaningful human development process.

Faced with the development challenge, and the recognition of the significance of ensuring access to good health, most countries in Africa are now re-evaluating and restructuring their health delivery systems. The most characteristic form of restructuring is the transition from command - based systems to participatory or community based systems, and embodies change in both tangible and intangible aspects of health delivery. Such an envisioned health delivery system means that resources are distributed evenly and that essential health care is available to

everyone so that health begins at home, in the schools, at work and that the community use better approaches in dealing with illness (WHO, 1997: 1).

In the foregoing reference to development, two emergent issues have been identified that are crucial to the development process and which form the basis of this study namely women's health and information.

The first, women's health, has become especially important on the African continent with the realisation that women are at the very core of all family relationships. Their health status affects all other activities in a community because of the role they play in the development process of such a community. Although this role is not formally recognised, it forms the basis for any development programme. It is generally accepted that women are major contributors to education, farming, industry, and other development ventures (Smyke, 1991: 5).

With diseases such as AIDS, malaria and cholera; afflictions such as malnutrition, wars and famine being pandemic on the African continent, and the manifested recognition that women and children mostly bear the brunt of such afflictions, the call for re-evaluating women's health now goes beyond a mere academic pursuit.

Second, it is generally recognised that information provides the most cost-effective mode of disease prevention (World Bank, 1994:7). The old adage of

'prevention is better than cure' therefore does not focus on illness and disease only, but rather also on all the benefits accrued from not experiencing the end effects of disease. This is where the importance of health information for women lies, both in terms of preventive measures as well as in women being generally well equipped to handle health problems.

In this scenario, the question that needs addressing is not only how to provide a women's health information system, but more so, of what developmental significance is women's health in Africa's socio-economic context. And how is the provision of health information to women connected to this issue?

It is inarguable that African women have played an increasingly significant role in the socio-economic advancement of the continent and looking after their health is therefore vital. This process can be further enhanced by empowering women to a greater extent by means of improved access to health information so that they can take better care of their own health. Health information should compliment the efforts being done by African countries in instituting equitable health care services to all. Since health information provision is a proactive way of dealing with health service provision, its contribution to an effective health delivery system is therefore non-debatable.

For African women it is crucial that their economic contribution to the development of their countries is acknowledged. This recognition should be

manifested in the policies and services that aim to address women's health needs. Policies and services that aim to address women's health needs, it is argued should, furthermore, also address health information provision. That is why information workers should play a critical role in trying to improve women's health in Africa by providing appropriate health information.

Despite African women's economic contribution to the socio-economic advancement of their countries, the non-recognition of this role has mostly led to their health being relegated to the background whenever development planning is taking place. Arigbede (1997: 7) asks whether it is "possible for Africa truly to develop without giving a position of pre-eminence to the effective support of women's health...in all its ramifications?" Therefore to talk of development without accepting the crucial role that women can and do play in society is not tenable. It is in the same vein that Smyke (1991: 5) notes that women are "often at the critical cross-points of health and development. They occupy a pivotal position between policy and practice in health as in many other domains".

However, despite women occupying a pivotal role in health, their present health status is far from favourable. Women are beset with a myriad of health problems chiefly attributable to gender inequalities, particularly with regard to poverty, education, and most significantly, information inaccessibility. Given that information access is a function of education, women inherently are disadvantaged in this regard. World comparative statistics indicate that African

women lag far behind the other continents in ensuring education for women. For example profiles done by the African Gender Institute (1996: 1) in three continents show the following statistics.

Figure 1.1

**Female Representation in Educational Institutions
in three continents**

	Primary	Secondary	Tertiary
Africa	45%	39%	25%
Asia	45%	40%	35%
Latin America and Caribbean	49%	51%	47%

Source: African Gender Institute. (1996: 1), Statistical Profile of the position of women in African Educational Institutions. Cape Town. Unpublished

Attempts to show that information plays a very important role in improving women's health and through them the health and development of all peoples on the continent are observable, but seldom manifested. This is evidenced by the way health information delivery mechanisms are neglected in most health care development reform programs. If health information provision is made part of the health care reform programme, usually it is made in passing. For instance, the current Zambian government, soon after it came to power in 1991, instituted massive countrywide health care reforms with the intention of putting in place a modern and effective health care delivery system by the year 2000 (Republic of Zambia Ministry of Health, 1991: 34). However, on reading through its strategic plan, there is hardly any mention of health information provision as a critical area of the country's health care system.

It is argued that health care delivery institutions need to include a component of health information dissemination in their programmes if their health delivery services are to be successful. The most obvious method to implement the dissemination of health information is by means of libraries and other information centres. However, to ensure effective dissemination of information, a radical shift from the traditional ways of health information provision, which were based more on collection and preservation of information will have to take place. For example, alternative methods that could be adopted to disseminate health information would be through such channels as workshops, seminars and exhibitions.

Libraries should indeed enable women to gain access to health information so that they can make better choices such as when to have children, what to feed their children, and how to prevent disease. If, indeed, a life is saved, or a child is better fed, or a woman does not have an unwanted pregnancy by the acquisition of timely and appropriate information, the entire continent will ultimately derive economic gains from the intervention. It is this level of economic contribution that information plays that has never really been measured, although many authors refer to it (Smyke, 1991: 25; Young, 1993: 157; Ochieng, 1996: 3; World Bank, 1994: 69).

Furthermore, in many African countries, library and information services have failed to make a significant impact on the national development process. This

failure to contribute to the development process has been debated by a number of authors, such as Shiraz (1985); Ward (1996); Sturges and Chimseu (1996); Lundu (1995); and Boon (1992) and they have argued that it may be attributed to factors such as lack of recognition of the importance of information to human survival. This will remain a problem as long as librarians and information workers do not see themselves as an important resource in acting as an interface between the information producers and the information recipients.

If it is accepted that the provision of women's health information leads to development, then libraries need to re-orient their services to suit the needs of the African continent, taking into consideration the enormous problems that the delivery of appropriate health information would be faced with. These problems consist of among others, low literacy levels, dispersed rural communities, inadequate communications technology and poor library and information delivery mechanisms. This, however, should not mean that it is technically impossible to devise library and information services that can communicate directly with African woman if there is a will to succeed and if resources are put in place to support such ventures.

The challenge to the provision of women's health information in Africa lies not only in the acquisition of the ever increasing materials in the field but also in their fuller and faster dissemination to those needing them. Relevant information should be made available with speed and regularity to the user at strategic

moments. In this way, library and information workers are destined to play an important role in ensuring that women have access to appropriate health information. This information should be packaged in such a way that all African women, many of whom are illiterate, can assimilate it. For example, special emphasis needs to be put on the production, dissemination and preservation of indigenous knowledge, because such knowledge has evolved out of the people's own experiences and it is therefore, more specific and relevant to their needs.

The World Bank (1994: xiii) notes that among a number of factors, the following could serve as prerequisites to achieving better health for all in Africa: -

- ◆ African communities need information and resources to recognise and to respond effectively to health problems;
- ◆ They need public programmes that inform people about threats to health and services that solve health-related problems;
- ◆ They require education, both formal and non-formal to provide information and practical guidance, and;
- ◆ Emphasis should be placed on the central position of women in household management.

1.1 Statement of the problem

The consequences of ill health in women have been well-documented in development-related literature. According to the World Bank (1994: 7) ill health

causes a “reduction of women’s capabilities to carry out their multiple productive as well as reproductive roles”. The severity of these consequences is inarguably related to the centrality of women in the African socio-economic development context (Snyder and Tadesse, 1995: 21). The pivotal role of women in Africa’s development process suggests that, not only should their health be prioritised, but also, more important, relevant health information should be provided in an impact oriented format.

It is suggested that the acquisition of relevant health information would empower women to make correct decisions with respect to their health. Women should be given sufficient information to choose for themselves what is right and wrong. What is of vital importance is giving them the facts about the advantages and disadvantages of the relevant health-related issues to enable them to decide for themselves, for example decisions regarding issues such as abortion, pregnancy, breastfeeding, nutrition and sanitation.

Further, it is argued that health information and development are intricably linked. It is generally known that half of the population in Africa does not have access to adequate health care services, and the majority of them are women (World Bank (1994: 102). This situation is further aggravated by the fact that women are often disadvantaged in Africa and often do not have access to health information to enable them to make well-informed health-related decisions which, in turn, impacts on the developmental process. Thus, the idea of specifically targeting

women in health information dissemination is first and foremost an affirmative action plan to redress the imbalances that have always existed. The second point is that by providing women with health information, the entire population's problems are indirectly being addressed. The focus of this study is thus, on the relationship between development and the provision of appropriate health information to women.

The premise of the research problem evolved out of the realisation that the relationship between health issues and African women is not treated as a priority in most African governments' development programmes. It is apparent from the literature that the issue of information and its relation to health and development and the role of women has never really been examined in depth. The researcher's own personal experiences of growing up in a very patriarchal society further reinforced the conviction that a study that links information and women's health to the development of the African continent would highlight some of the pertinent issues that women are faced with on a day to day basis with regard to information and their health.

Thus, the main thrust of the study will be to establish the relationship between information, women's health and development, and further to develop a model on how best to provide information likely to effect change in women's health so as to enhance development in Africa.

1.2 Aim of the study and the identification of research questions

The study seeks to validate the argument that information is significant to women's health and development in Africa. To attain this, the study objectives constitute:

- ◆ Investigating the status of women's health in Africa.
- ◆ Establishing whether the provision of relevant health information can effect change in women's health.
- ◆ Establishing whether there is causality between gender inequity and women's access to health information.
- ◆ Identifying African women's health information needs and their communication patterns.
- ◆ Examining the way health information is disseminated.
- ◆ Identifying the sources of health information for women.
- ◆ Establishing the obstacles women face in gaining access to health information.
- ◆ Exploring ways that might bring about improvements in its dissemination.
- ◆ Developing a model outlining a health information system that would benefit women in Africa.

The significance of addressing these questions is first of all to contribute to the body of knowledge regarding information, women's health and development. Secondly, to challenge every one in society to support efforts that strive to assist

African women to gain access to health information. The main premise is that the provision of appropriate health information to women in Africa would enable them to respond more effectively and efficiently to health issues which would in turn provide the key to transformation and play a crucial role in the development of African societies.

The study is both exploratory and confirmatory. The methodological procedure follows a multi-method approach, which obtains data by means of documentary research, personal interviews and electronic mail questionnaires.

1.3 Key concepts used in the study

These concepts are briefly outlined here, but will be discussed in detail in the succeeding chapters.

Information

Information refers to the process by means of which an informant's cognitive structures are encoded and transmitted to an information seeker, who perceives the coded message, interprets it, and learns from it (McGarry 1981: 14).

Information need

An information need is a desire to know more of what one is experiencing at one particular moment. It is also an expression of a lack of knowledge which if present would make it possible to achieve one's objectives (McGarry, 1981: 33).

Documentary research

Robson (1993: 272) has stated that documentary research refers to the use of documents in whatever format to obtain data. This usually entails the collection and use of information from books, newspapers or any information media to be used for research purposes.

Women's health

This situation relates to a woman's state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives as well as biological aspects (United Nations, 1996: 56).

Development

Development refers to change for the better; the ordering of society and social and economic process in such a way as to lead to the eradication of poverty, ill health and raising standards of living and increased materials comforts for all (Young 1993: 15).

Gender equity

The Canadian International Development Agency (1996: 3) describes gender equity as the process of moving beyond a focus on equal treatment. It highlights the importance of equality of results. It calls for the differential treatment of

groups in order to end inequality and foster autonomy. This would require special measures for women such as the introduction of women-specific projects, for instance a women's health information system.

1.4 Overview of the Thesis

The body of this dissertation has been structured in the following way:

Chapter 2

The second chapter discusses the methodology and approach to the research procedures followed. It also explains the type of analysis adopted in analysing the data.

Chapter 3

This chapter looks at the status of women's health in Africa, what constitutes women's health and factors that affect women's health.

Chapter 4

This chapter investigates the conceptual definitions of health, information and development, and places these concepts within the African context. It further explores the relationship between information, health and development; and how these three concepts interact with the African woman. It also includes a section on the role of African women in development.

Chapter 5

The focus of this chapter is the discussion of the impact of information on health in Africa as well as types of information, modes of communication and obstacles encountered when trying to access information.

Chapter 6

Chapter six advances a model of a health information system for women in Africa. It looks at ways of meeting African women's health information needs. It addresses measures and activities that need to be set in place in order to meet the health information needs of women. It further discusses information technology and health information, as well as discussing women's need for health information literacy on the continent.

Chapter 7

This last chapter contains the summary and conclusions drawn from the study. These are however limited to the study. The conclusions are then followed by tentative recommendations that may inform future practice.

Bibliography

This is a list of sources consulted and referred to in the dissertation. The sources are arranged alphabetically by author regardless of format.

Appendices

The bibliography is then followed by appendices, which have been referred to in the dissertation. The appendices are included here for further clarity.

1.5 Summary

The preceding chapter has given a brief contextual outline of the relationship between women's health in African development and information. It has identified the main research problems that will be investigated and has listed the aims that the study wants to achieve. The following chapter provides an outline of the methodology used to achieve the aims that have been identified in this introduction.

CHAPTER 2

Methodology

2.0 Overview

The succeeding sections in this chapter will address:

- the methodology used in the research documented here;
- research instruments employed;
- the process of collecting data, and;
- analysis of the data.

A review of the literature shows that although there are studies dealing with the importance of health information to development (Njongmeta and Enikhamenor (1998), Siegel (1978), Abounaja and Nayak (1993) and, Alston (1983)) little is available on the theme of information, women's health and development in Africa. Although Ngechu (1993) and Ngcobo (1994) discuss this subject, they do not specifically link information and women's health to development. It is this important link that this study wishes to explore.

Patton (1990: 49) has argued that a qualitative research approach aims at understanding a phenomenon from the point of view of the participants and their particular social and institutional contexts, a particularly relevant issue for this study. Consequently, based on the study's aim of validating the significance of information to women's health and development, a qualitative research approach was found to be the most suitable methodology to apply. What this means for this

study is that women's health information provision on the continent was looked at through the eyes of the women themselves taking into consideration their own particular circumstances.

Qualitative research methodologies are especially useful in the areas that are concerned with identifying people's own views of their social reality. These areas can only be discovered with usage of research techniques such as interviews and observations. Marlow (1993: 66) argues that qualitative research methodology is concerned with inductive methods to discover, describe and verify phenomena by using a small number of subjects. This usually leads to the development of hypotheses using narrative techniques to analyse the results of the study.

There is increasing evidence that the qualitative research approach is being utilised more extensively in library and information science research. Recently a number of researchers have successfully applied qualitative research methodology to the study of particular information problems in Africa. For instance Sturges and Chimseu (1996: 117) undertook a study titled "Qualitative research in information studies: a Malawian study". In the study, Sturges and Chimseu examined the chain of communication between providers of information and the ordinary citizens in rural communities in Malawi. Mchombu (1993: 12) also used a qualitative research methodology for his research on "Information needs and seeking patterns for rural peoples' development in Africa" which focussed on the countries of Botswana, Malawi and Tanzania.

There is thus, a growing body of LIS researchers who like Kincheloe (1991: 144) believe that the value of qualitative research methodologies relate to the fact that they pay special attention to the social and historical contexts within which the issues being investigated take place. In this study, emphasis is placed on the way African women view the various issues and problems related to women, health, development and information, an appropriate situation in which to utilise a qualitative research approach.

The process of qualitative research also allows the researcher to generalise the research findings to wider population. In this regard, Patton (1990: 280) asserts that qualitative research provides for the formulation of generalisations about the whole society. Probing the research context deeply and analysing the research problem intensively so as to enable the extrapolation of the phenomena to a wider population is of major concern for qualitative research. However, Patton (1990: 280) also cautions against the wholesale generation of research findings for "social phenomena are too variable and too context-bound to lend themselves to generalisations. The solution he argues is to place emphasis on interpreting the context rather than making generalisation of the research phenomena".

2.1 Data collection

A multi-method approach consisting of three data collection techniques was employed for the study, namely documentary research, personal interviews and questionnaires in electronic format. By combining the three data collection methods,

a wider scope in terms of coverage was obtained. Documentary research was used to cover what has already been written on the subject from different viewpoints, whilst personal interviews and electronic mail questionnaires were administered to provide current data on information, women's health and development in Africa.

2.1.1 Documentary research

Robson (1993: 272) refers to documentary analysis as the use of written documents in whatever format to obtain data. He differentiates it from other methods of research in the sense that it concentrates on using information that was used for other purposes. On the other hand Sarantokos (1993: 206), in describing documentary analysis as a method, found that it has frequently been used as a source of data in qualitative research methodology. It is from this background, as well as the belief that there would be documents that include data on information and the link to women's health and development in Africa, albeit without explicitly discussing this topic, that this data collection technique was chosen. This study, therefore, predominantly relied on documentary research to obtain the required data.

It is important to note that documentary research often presents researchers additional information that might not be available to them at the time of conducting primary research. The other advantage with this type of approach is that "the method itself and the act of measurement do not affect the results", (Sarantakos, 1993: 208), thereby ensuring objectivity in the research.

However this type of approach has several limitations. A major limitation is the reliability of the documents being used. Another limitation is the objectivity of the researchers that produced the initial documents (Robson, 1993: 273). These limitations were overcome by obtaining views and opinions from the women themselves and from organisations that work in the area of women's health issues in Africa.

In the study "documentary research" is defined broadly to include not only hard documents but also, all forms of information media. These include books; journals, grey literature and electronic formats of information like electronic mail, discussion lists, the Internet and CD-ROMs. The choice of the documents was dependent on availability and whether the researcher could easily obtain access to them from the libraries consulted.

2.1.2 Interviews

Interviews were conducted with individuals and organisations that work in the area of women's issues and particularly health and development in Zambia (the researcher's permanent country of domicile) and South Africa (the temporary country of domicile whilst the research was being conducted). Another category of women interviewed was recipients of health information, also from Zambia and South Africa.

The author interviewed a total of ten women, five women from Zambia and the other five from South Africa. The reason for interviewing a relatively small,

carefully selected target population instead of using a random sample relates to the goal of qualitative research methodology which tries to obtain detailed in-depth information from the most appropriate sources (Kincheloe, 1991: 144). The interviews were conducted during the period December 1997 to January 1998.

The criteria for selecting the women were based on the following:

- the nature of the study dictated that they be of the female sex.
- Four women with post-secondary education were selected. It was deemed important that a sufficient number of the women had post secondary education to provide the required insight into the issues being addressed and who would thus be educationally competent to provide informed answers.
- Four of the selected women worked in health related institutions. These women who were working in health related institutions could provide further information on every day health issues that they both as women and health workers encounter in their day to day interaction with dispensing health services to women in Africa.
- Six of the women either had primary school education or none at all. It was argued that the views of women with no or not more than primary school education would provide valuable insight into the semi and or illiterate women's view of the relevant health issues.
- The final criterion related to the fact that the women who were chosen were either Zambian or South African. This was determined by financial and geographical limitations as the researcher only had access to these two countries during the period of study.

Every woman who participated in the study was interviewed by means of unstructured interviews. The views sought included biographical details; most common diseases that affect the women in Africa; where they get their health information from; what kind of health information they require; what kind of health information services should be instituted; whether they get enough information from the medical authorities; what obstacles they face when accessing health information; and whether the establishment of a women's health information system was thought to be necessary. (See Appendix C for the interview guide used during the study).

These interviews were conducted to offer a rich and in-depth insight into the current status of women's access to health information in Africa so as to establish the most appropriate ways of accessing health information. The interviews were further intended to supplement the researcher's documentary analysis and offer new evidence or indeed support or refute the existing ones in terms of women's health information issues on the continent.

The relative merit of the interview as a research tool has been noted by Sarantakos (1993: 196) who identifies a number of advantages associated with interviewing.

Among its advantages are the numerous opportunities for asking and probing issues more deeply. He notes as examples that:

- feminists stress the importance of giving women space to speak in their own words. This signifies its importance when researching women's issues.
- It avoids alienation of the researcher from the women being interviewed.
- It allows for the use of language that is understandable to the women

- It encourages the sense of togetherness.

Other authors have argued that interviews offer a sense of flexibility; control over the questioning process; control over the identity of the respondent and control over the order of questions. Furthermore, if a question is too difficult for the respondents, the researcher has control over the rephrasing of the question and thereby allows the researcher to obtain access to the perspective of the person being interviewed (Patton 1990: 278).

Disadvantages of the interview as a research tool lie in its inefficiency, especially when one sometimes has to cancel a scheduled interview because the respondent could not be available. Another inflexibility of the interview is that the respondent is not given sufficient time to ponder and respond to the questions in their own time and at their own pace, thereby forcing them to react immediately.

Allowing women more time to reflect on their answers counteracted the possible introduction of bias by the researcher (Robson, 1993: 229). This was coupled with the rephrasing of questions that might not have been understood by the women. The women's views were then balanced with those that came from the electronic mail questionnaires as well as from documentary sources.

2.1.3 Electronic mail questionnaires

To complement the information gathered by means of interviews and also from documentary sources, key people in women's organisations were contacted using

electronic mail questionnaires. (See Appendix B and D). The criteria in selecting the electronic mail questionnaire target population were:

- First the nature of the work that the organisations did. They had to have a strong bias towards supporting women's health by means of health information provision in Africa, as the respondents then would be able to provide information on their experiences of dispensing health information to women.
- Second, it was mandatory that they were on electronic mail as the questionnaire had to be sent using electronic mail.
- Third, the respondents were selected from as wide a range of countries as possible to counteract the geographical limitations imposed on the interviews.

The key people were drawn from organisations in Nigeria, Tanzania, South Africa, Zambia and Zimbabwe. (See Appendix D). They were asked to comment on the usefulness of health information for women and what health information services are covered by their organisations. The other information sought from the informants were the methods they use for disseminating health information and the methods they considered to be the most effective. They were also asked to point out major constraints they faced in delivering health information to women. (See Appendix B).

Electronic mail communication has a number of advantages. In the first instance it is relatively inexpensive. It is also easy to use and very efficient in terms of time. However, one of the drawbacks of electronic mail questionnaires is that one does not get to know the people being asked to respond to the questions and thereby one relies on what they write back as the basis for making inferences with regard to the

research question. This perceived weakness was overcome by contrasting the views from the electronic mail questions with those from the interviews as well as the data from documentary sources so as to get a balanced view of information and women's health in Africa.

2.2 Data analysis

The data from both the interview and electronic mail questionnaires as well as from documentary sources were analysed individually so as to ascertain differences and similarities that existed amongst the patterns that evolved from each data collecting method. These common patterns of information were then later recorded. Identification of patterns involved the use of descriptive accounts by the women themselves and those working in the area of women's health. The other technique used was adopting the women's views and contrasting them with the researcher's own constructed categories obtained from the literature reviewed.

The analysis therefore was inductive with the integration of data collected from the three data collection techniques namely, electronic mail questionnaires, interviews and documentary sources. For as Marlow (1993: 233) argues the analysis of qualitative data looks for similarities and differences by referring to specific situations, time periods and persons in which the identified pattern occurred.

The views and opinions obtained from the interview sessions and electronic mail questionnaires were used to either validate or dispute what has already been written from documentary sources on the link between information, women's health and

development in Africa. The interpretation of information obtained from documentary sources, electronic mail questionnaires and interviews made it possible to discuss relevant conclusions whilst reflecting on the research questions.

The analysis of the data therefore, follows a systematic sifting through interview and electronic mail questionnaire data, identifying material that sheds light on the situation of women's health information on the African continent and then interpreting it in a way that is easy to understand and follow. The interpretation of the data drawn from the interviews was embedded in people's own view of health information provision and then it was contrasted with data from the documentary sources to create an element of comparability.

2.3 Limitations to the study

The study was exploratory, as the researcher could find no other similar study in the reviewed literature. Therefore, the study sought to do pioneering work on information, women's health and development. In the process the study encountered some limitations namely:

- **Geographical and time constraints**

Sub Saharan Africa covers a wide area comprising a number of countries of great diversity and widely spread out. It was therefore impossible, given the limited time, for the researcher to have conducted research in every country.

- **Financial constraints**

Doing research in a large number of the countries was also hampered by lack of funds. The researcher, therefore, could only conduct interviews in Zambia and South Africa.

2.3.1 Overcoming limitations to the study

The study has drawn heavily on what has been written on the experiences of women from all parts of Africa. The electronic mail questionnaires with key people from women's organisations in countries other than Zambia and South Africa should further offer a more generalised insight into the status of information, development and women's health in Africa.

2.4 Summary

The chapter has briefly outlined the various qualitative research techniques used in the study. It has identified the advantages and disadvantages of documentary research, interviews and electronic mail questionnaires and provided reasons for selecting a particular data analysis approach. It also identified shortcomings in the research methodology as well as suggested ways of how the shortcomings were overcome. The succeeding chapter discusses the status of women's health in Africa.

CHAPTER 3

Status of Women's Health in Africa

3.0 Overview

This chapter addresses:

- what constitutes women's health on the continent;
- the health status of women in Africa;
- Factors that effect their health.

3.1 What Constitutes Women's health in Africa

To understand women's health in Africa it is important to look at the characteristics of a few definitions of health. Zuma (1992: 14) conceptualises women's health as being related to diseases of poverty, diseases of social instability and diseases related to the reproductive role of women. In this case health is an all encompassing term and does not necessarily refer only to issues concerning disease in it's narrow sense. Byrne (1996: 34) conceptualises women's health by referring to the position they occupy in society. She argues that:

"women, due to their reproductive role are likely to suffer more as a result of the deterioration of health provision. This is related both to the specific vulnerability of pregnant and breastfeeding women, as well as to the risks of unwanted pregnancies and sexually transmitted diseases and to women's responsibility for caring for the sick and disabled. Women's responsibility for hygiene and the collection of water means that they have increased contact with water and faeces-borne diseases. Women and girls also have gendered vulnerabilities to the effects of ill health, due to men's preferential access to health care. The burden of

*supporting their family emotionally as well as physically also falls on women,
with detrimental effects on their own health"*

As mentioned in 1.3 the United Nations Beijing Declaration and Platform for Action (1996: 56) also conceives women's health holistically encompassing a total state of "physical, mental and social wellbeing and not merely the absence of disease or infirmity". It includes the "emotional, social and physical wellbeing" and is influenced not only by biological factors but also the "social, political and economic contexts of their lives".

In a study on "indigenous postpartum maternal and child health care practices among the Igbo of Nigeria", Obikeze (1997: 4) contends that to the African society, health "encompasses the total well-being of the individual, the family and the society. It implies a state of physical, social, psychological and spiritual well-being". Women's health should therefore be looked at in terms of diseases that are caused by the nature of women's work and the nature of the female physiology as well as those caused by natural calamities, cultural and biological situations. Obikeze's definition of women's health is particularly appropriate for this study because, in Africa, health is not viewed as an individual concern only, but rather something that affects the whole community. Furthermore, what affects the community, touches on the African woman, more strongly because of her roles in society. Women's health, therefore not only relates to an individual woman, but also, concerns the health of the whole community.

Women's health comprises a number of issues. As it has been established in the previous chapters health is not just the absence of disease but rather "material poverty, consequent upon a multifaceted process of impoverishment", (Arigbede, 1997: 20). It is not just the mere absence of disease and infirmity. Smyke (1991: 59) identifies among others the following issues as constituting women's health:

- Primary health care
- Safe motherhood
- Maternal and child health
- Abortion
- Maternal morbidity
- Reproductive health
- Infertility
- Breast-feeding
- Female circumcision, commonly referred to as Female Genital Mutilation (FMG)
- Alcoholism
- Cancer
- Sexually Transmitted Disease
- Occupational health
- Mental health

The list is endless, and the above just serves to illustrate that, although health care services to the rest of the population is very important, women's health is vital for the entire population. Its importance lies in the fact that not only do women face certain health problems that are peculiar to females alone, but their well-being also and has an effect on the entire family (Irlam, 1997: Email). Such health problems are amongst others, related to their role in reproduction and breast-feeding and nurturing the family. In such instances they would require specific information and health care services to suit these particular needs. Most of the women interviewed specifically

acknowledged that there is lack of information on important health issues like breast and ovarian cancers that in their view are as deadly as AIDS.

Other health issues would include violence against women in all its forms, such as battery, rape and other forms of sexual assault (Heise, 1994: 18). Other categories of health issues that affect women are directly linked to the lack of environmental sanitation, such as diarrhoea, cholera and typhoid; and afflictions that are due to the lack of nutrition or malnutrition (World Bank, 1994: 30).

3.2 Status of Women's Health in Africa

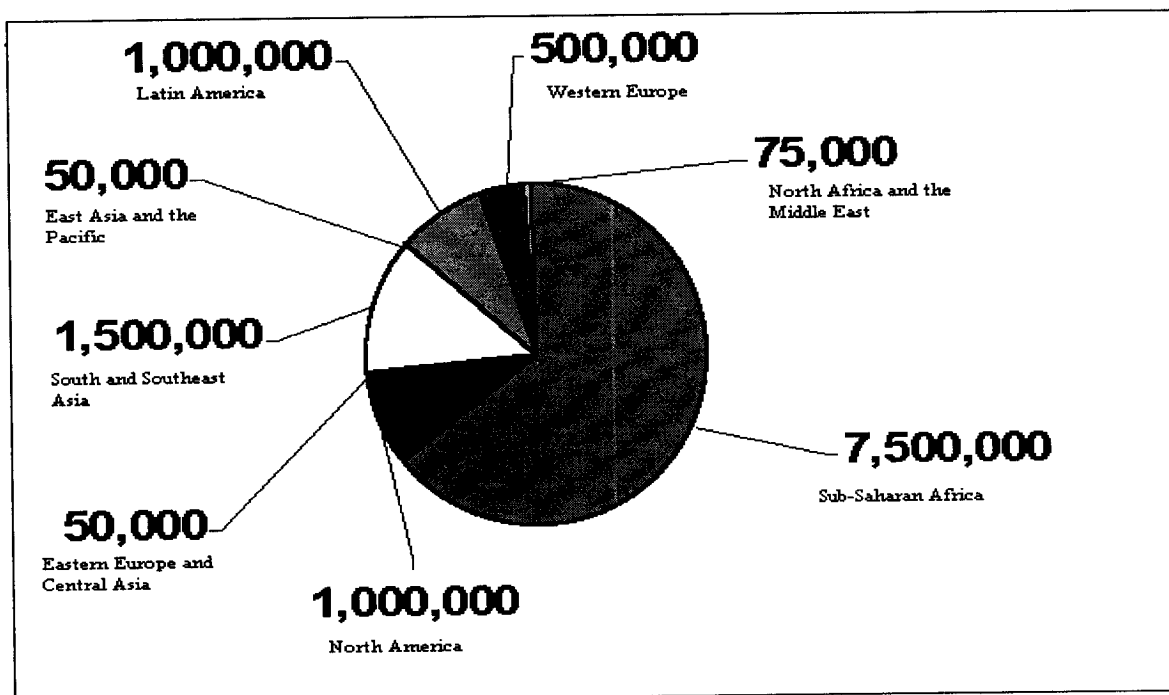
According to the United Nations African Platform for Action (1995: 12) women's health levels on the African continent are amongst the lowest in the world. It further gives the following breakdown of women's health in Africa as:

- general life expectancy of 52 years for females as compared to 68 years for less developed countries and 78 years for the developed world
- high infant mortality rate (103 deaths per 1,000 live births) in relation to 24 deaths per 1000 live birth in more developed countries
- the highest mortality rates in the world of 322 per 1,000 as compared to 199 per 1,000 in other developing countries
- highest dependency ratio in the world (an average of 47% under 15 years and 3% over 65 years)
- Maternal morbidity is one in 20 compared to one in 10, 000 in the developed world
- 30% of maternal deaths are caused by unsafe abortions
- high adolescent pregnancies for example more than 40 % of the girls giving birth in Cote D'Ivoire, 87% in Botswana, 77% percent in Kenya and 74% in Togo are adolescents
- Two-thirds of the septic abortions are among teenagers between the ages of 15-19

The World Bank (1994: 23) also confirms that the health status of women in Africa as compared to other regions of the world is very low. For instance, it gives statistics from the World Health Organisation that shows HIV infections amongst women as follows:

Figure 3.1

Estimated Cumulative HIV infections in women by early 1994



Source: World Bank. (1994: 23). A new agenda for women's health and nutrition. Washington: World Bank

The above statistics clearly sketches a scenario that indicates that the health levels of women on the continent are very low and this should warrant drastic measures to help reduce the stress on women. This situation is caused by a number of factors of which a very crucial aspect is the lack of appropriate information. In the case of HIV transmission, the provision of HIV/AIDS related information would empower women

to protect themselves against the virus as well as enable them to impart the knowledge to their children and other members of the family.

3.3 Factors that affect women's health in Africa

The health of Women in Africa is influenced by a number of factors. Cardinal amongst them are: the lack of information and economic, social, cultural, political, educational, environmental factors as well as gender based violence. These factors will be elaborated on in greater detail in the succeeding sections.

3.3.1 Lack of information

After so many development plans, from the time the first African country achieved independence to date, African women cannot really boast of improved or better health care (World Bank, 1994: 12). African governments must begin to ask what is it that has gone wrong in the whole development process? The one important ingredient that the development experts have overlooked is that information forms the cornerstone of any development activity, and the World Bank (1994: 69) specifically further alleges, that the consequences of "lack of information on the causes, severity, and distribution of women's health" leads to unsuccessful development programmes.

There is a need to empower women socially and economically. For women to be empowered, more emphasis should be placed on information and information delivery mechanisms that specifically target women. It is contended that if you address the information needs of the women you are addressing the needs of the whole nation, for

women's activities touch on every aspect of society. Women's health issues require a deliberate special focus, not only because they have traditionally been in a disadvantaged position, but because their health issues are very different and are intricately interwoven with what is happening in society (Hantumba, 1997: Personal Interview).

To underscore the interrelationship between information and women's health, it should be noted that both the Organisation for African Unity African Platform of Action (1994: 12) and the United Nations Beijing Declaration and Platform for Action (1995: 63) singled out information services as one of the important ways of increasing women's access, throughout their life cycle, to appropriate, affordable and quality healthy care. Other authors also link the present low state of women's health to the lack of information (Pietila and Vickers, 1996: IX; Young, 1993: 157).

It is in this respect that Gellen, (1994: 25) argues that "lack of access to education, jobs and family planning information, especially by young women, leads to deaths from illegal abortions". In Bryne's (1996: 6) study of maternal mortality, she recognised, among a number of factors that the lack of information contributed considerably to maternal mortality. If women had prior knowledge of the effects of abortions on health, they would be seeking professional treatment and not carry out the procedures themselves or obtain the services of backyard abortionists.

3.3.2 Economic factors

Most African economies are undergoing structural adjustment programmes, and under such conditions governments usually cut down on social services spending. Kiwara (1996: 4) and Arigdebe (1997: 26) have written about the disastrous effects of structural adjustment programmes on the delivery of social services to the community. According to Kiwara's (1996: 6) study on "Structural adjustments and health: gender implications", the share of government spending towards health services in Tanzania fell dramatically since the introduction of Structural Adjustment Programmes. When such a situation arises, it is women who are at the receiving end, and they are the ones who also have to pick up the pieces. This means that women have to find alternatives for medical and health care services, such as resorting to traditional health medicine. The following table shows the trend of budget reduction on health in Tanzania.

Figure 3.2

Health Budget as a total of Government in Tanzania

Financial year	% Health budget of total Government budget
1977/78	7.1
1980/81	5.6
1982/83	5.4
1984/85	3.0

Source: Kiwara, A. D. (1996: 6). In Structural adjustment programmes and health: gender implications. [Paper presented at the Tanzania Gender and Development Seminar Series. (1996: Dar es Salaam). [Unpublished].

Studies done in several African countries show that healthy living standards always fall down whenever Structural Adjustment Programmes are introduced. Indeed life expectancy statistics for both males and females in Tanzania have fallen dramatically since the 1980's when these structural adjustment programmes were introduced as evidenced by the following statistics as is shown in Figure 3.3 below

FIGURE 3.3

Life expectancy figures in Tanzania (%)

Year	Women	Men
1978	56	60
1988	51	49
1991	46	45

Source: Bureau of Statistics. (1997: 22). Women and men in Tanzania. Adapted from population census, 1978 and 1988 demographic and health surveys. Dar es Salaam: Bureau of Central Statistics

3.3.3 Cultural factors

Traditional and cultural practices have a tremendous impact on the health of women. These could either be positive or negative, more often they tend to be negative. Arigbede (1997: 40) argues that most of these traditional values, although African, unfortunately are the very ones that fight against the African woman's equal place in society. For instance, the World Health Organisation estimates that 85 million girls and women have at one time or another undergone some form of female genital mutilation and suffer both physically and psychologically its adverse effects. Other

cultural aspects such as spousal abuse is perpetuated because of the belief that the wife did not behave in a culturally approved way towards her husband or any of his other relatives (African Centre for Women, 1997: 5).

These traditions have specific repercussions for African women, especially in cases that deal with the transmission of sexually transmitted diseases such as the Human Immuno deficiency Syndrome (HIV). This is due to the fact that certain African traditions make it impossible for women to be independent of their spouses and that they further lack negotiating power to secure abstinence or demand protected sex (United Nations Children's Fund, 1993: 11).

3.3.4 The Social Position of Women in Society

The position that most women, but especially those in Africa, occupy has a number of repercussions on their health. Smyke (1991: 26) argues that the multiple roles that women perform often place them in positions where they have to endure a lot of suffering. The major roles that Smyke is referring to are the reproductive and the productive roles, and it is when these two roles come in conflict in a woman's life that her health is threatened. For example, with regard to woman's reproductive roles women in Africa are often exposed to life threatening conditions such as lack of pre-natal and post-natal care. In many instances women have had to deliver their children in unsafe conditions due to the fact that the health clinic or health centre is miles away or is non-existent. It is at this stage that the rural women administer certain harmful practices that could harm either the mother or baby, especially if the woman has had a

difficult pregnancy or prolonged labour. In a study on Women and Health (Smyke, 1991: 21) narrates the story of a 35 year old mother who is still suffering the consequences of what the Traditional Birth Attendant (TBA) that delivered her babies did to her. The TBA “unaware of the importance of cleanliness, used a bamboo blade to cut the umbilical cord, and her unclean hands to extract the placenta. Thus, she suffered serious infection after childbirth”.

3.3.5 Political Factors

The political process in most of the African countries plays a major role in women's health development. Government health policies and programs affect every aspect of women's health. For it is these policies that will have an effect on the direction of health in the country. If health policies and programmes are skewed against women and do not recognise the multifaceted position of women's health, then such policies would not go far in addressing women's health issues.

A number of reasons could be ascribed as to why women have not had an impact on the political process. The reasons are diverse and include a number of issues such as illiteracy, low education status, the gendered nature of the politics where traditionally it was only acceptable for men to engage in politics. Other reasons relate to family responsibilities thereby making women too busy to have time to run for political office so that they can influence the decision making process (Jacobson, 1995: 29).

The other major reason is ascribed to the low numbers of women who occupy senior positions of decision making either in government departments or in the private sector. This directly means that women cannot influence the policy formulation and implementation processes in their countries. In a study on "Country Gender Analysis of Namibia" Hubbard and Tapscott (1992: 29) produced the following percentages of women in positions of management.

Figure 3.4

**Gender differentiation in positions of seniority in
Government (March 1991)**

Post	Number of Women	Number of Men	Total	Women as % of
Minister	2	18	20	10%
Deputy Minister	1	18	19	5%
Public Service Commissioner	2	5	7	28%
Permanent Secretary	1	9	10	10%
Deputy Permanent Secretary	2	8	10	20%
Under Secretary	3	19	22	13%
Director	11	59	70	13%
Deputy Director	15	60	75	20%
TOTAL	37	196	233	16%

Source: Hubbard, Diane and Tapscott, Chris. (1992: 28). *Country gender analysis of Namibia*. Windhoek: Swedish International Development Authority.

3.3.6 Education and literacy

Education and literacy are basic human rights for the advancement of all people. The World Bank (1994: 34) argues that the “education of females is so important to health improvement that it merits special attention in any reformation of health policies that aim to improve health outcomes rather than the delivery of health care services”. Women with higher education levels marry and start bearing children later, make better use of health services, and make better use of health information that will improve the personal hygiene and the health of their children.

Household surveys done in Ghana, Nigeria and Sudan show that the single most important influence on child survival is the level of a mother's education. The World Bank (1994: 35), in its studies in 13 African countries between 1975 and 1986, indicates that a 10% increase in female literacy reduced child mortality by 10%, whereas changes in male literacy had little influence. In the same vein the United Nations Children's Fund (1993: 25) confirms and concludes that better educated women tend to have fewer children and are likely to have much healthier ones as compared to those with little or no education at all.

The importance of having literate women in Africa can not be emphasised sufficiently enough. Studies done in Ethiopia on “Household constraints on schooling by gender” (Rose and Al-Samarrai, 1997: 19) concludes that children are less likely to attend or complete primary schooling if their mother is illiterate. This means that if a mother is illiterate, there will be a perpetuation of illiteracy in Africa. It could therefore be

argued that increasing educational opportunities for the girl child in Africa should be of primary concern to all development planners.

Illiteracy levels for women world-wide are alarming. It is estimated that out of 960 million illiterates in the world, 640 million are women (Mumba, 1991: 14). In Africa the picture is even more dismal as indicated by and overall female adult literacy rate of only 39 percent in 1990 (Organisation for African Unity 1994: 9). Other statistics from African countries, for example in Zambia show the following literacy levels for the whole population.

FIGURE 3.5

Literacy levels between sexes in Zambia

1980		Female	Male
	Illiterate	45%	24%
	Literate	54%	75%
1992			
	Illiterate	37%	19%
	Literate	63%	81%

Sichinga, Tracy (1997: 46). Structural adjustment programmes and their effects on Zambian women. In Women's future: survival or progress. Edited by H. Ronning and E. M. Horkan. Geneva: IFUW

3.3.7 Environmental Factors

Environmental factors such as safe water and sanitation also have an impact on women's health. Access to safe water especially for African women living in rural areas is still a far off dream. Most women, who have access to water, don't have it near their homes. They usually have to walk miles to fetch water to drink or for other household purposes. Then she has to collect firewood, and due to deforestation in

most parts of the continent it means the firewood is also miles away. In addition to diseases resulting from infected water, these fatiguing activities take a toll on a woman's health and make most women susceptible to illnesses such as stress (United Nations Children's Fund 1993: 21).

Sanitation problems affect both the rural and urban women in Africa. In the rural areas, the facilities are simply non-existent, whilst for the urban woman, the situation is aggravated by the fact that most of the urban dwellings are poorly constructed and unplanned. This means that most of the sanitation facilities are ill equipped or might be far away. In many instances they are unavailable or if they were available they would be inadequate to cater for a large number of people (Smyke, 1991: 47).

3.3.8 Gender-Based Violence against Women

Violence against women is another health factor that is usually not referred to as having a direct impact on women's health. Gender - based violence against women refers to any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women. These include threats as well as acts of violence, coercion or arbitrary deprivations of liberty, whether occurring in public or private life (Heise, 1994: 3). This violence can either be in the form of domestic violence, sexual violence and social violence, or armed conflicts. All these factors have a devastating effect on women's health. Heise further argues that rape has the following risks:

- contracting sexually transmitted diseases

- unwanted pregnancies
- trauma after the event

Other forms of violence such as armed conflict causes trauma of displacement where women and children are forced to leave their homes and seek refuge among other societies (McLachlan, 1993: 13). In times of conflict when people are forced into becoming refugees, the burden of caring for the family falls on women because the men are usually involved in the fighting and therefore remain behind. Furthermore, the living conditions in most of the refugee camps are deplorable.

3.4 Summary

The health of women in Africa needs to be prioritised, as it is of an incredibly low standard. There is a need to look at all the factors that affect women's health. Information, in turn can play an important role, albeit mainly as a preventive measure. When all the negative factors that prevent women from enjoying a better, healthier lifestyle are eradicated, there is greater scope for African women to contribute even more to the development of the continent.

The focus of the following chapter is on the interrelationship between information, women's health and development.

CHAPTER 4

Women: Development, Information and Health

4.0 Overview

The following sections in this chapter provide a thematic discussion on:

- the important role of women in African development;
- the necessity of looking after women's health in Africa, and;
- how information forms the vital link between women's health and development.

4.1 Development defined

Development is one of those terms that has been defined in many different ways according to different people's perspectives. And yet the debate as to what really is its appropriate meaning is still very contentious. Young (1995: 15) defines development as a "change for the better; the ordering of society and social economic process in such a way as to lead to the eradication of poverty, ill health and to raising standards of living and increased material comforts for all".

Mbambo, (1994: 43) takes the United Nations 1995 definition of development to mean "alleviating poverty, meeting basic needs, and achieving certain desirable objectives" of achieving development for the whole society. Although both these two definitions of development look at a process where people move from one stage to another and results in a progressive advancement of people from a

particular stage of development to another, this study conceptually adopts Young's (1995: 15) definition. This is because in Young's definition there is a clear distinction as to the purpose of development and a more explicit exposition of the processes that are involved. It also outlines the requirements that are needed in order for development to take place. The definition does not merely end on requirements that are needed for development, but rather goes further and indicates what happens when development has taken place. This is manifested in the curtailment of ill health, obliteration of poverty, rising standards of living and increased wealth for the people. Development therefore is a collective process, a movement of all the people towards a better livelihood and not just one segment of the population.

4.2 Women and Development

African women's role in the development of the continent has been a subject of interest to a number of authors. Mutanyatta (1991); Snyder and Tadesse (1995); Nalwagna-Sebina (1991); Nwomonoh, (1995); Malindi (1995); and Seikiteloko (1996) have all written extensively on how African women have contributed to the development process either through agricultural production, or by means of the informal sector. These contributions, which have generally not been formally acknowledged, are what have sustained African society for a long time. Other authors such as the United Economic Commission for Africa (1996: 1) and Smyke (1993: 6) have also acknowledged women's contribution in reproductive terms. These roles will be elaborated on in the following paragraphs:

4.2.1 Role of Women in the self-reproduction of humanity

This is the yardstick of all development programmes as it ensures that there will always be human species to carry over the process of development from one generation to another. Arigbede (1997: 9) suggests that “human societies depend in the main on the contributions of women both to the process of social production and self – reproduction of homosapiens”. It is in this vein, therefore, that women not only contribute to the economic development of their societies, but also reproduce the next generation. That on its own is a major role that should be recognised. Furthermore, he says, these “colossal tasks that women carry out for humanity are enough, in and of themselves, to strain severely their health and make their lives extremely difficult”. This kind of strain on women’s health, he alleges, will lead to a general decay of society itself unless society recognises this service and places “values, policies, institutions, and structures to support women in this role of central pillar to humanity” Arigbede (1997: 9).

4.2.2 Role of Women in food security

Women play an important role in food security. Quisimbing (1995:1) quotes the Food and Agriculture organisation showing

“that women account for more than half the labour required to produce the food consumed in the developing world, and perhaps three-fourths in Sub-Saharan Africa...data suggest that African women perform about 90 percent of the work of processing food crops and providing household water and fuel wood, 80 percent of the work of food storage and transport from farm to village, 90 percent of the work of hoeing and weeding, and 60

percent of the work of harvesting and marketing...women are becoming increasingly involved in cash-crop cultivation".

In a survey done by the United Nations titled 'Women in Africa' covering the period 1970 - 1995, on the contribution to agricultural production, they tabulated the following percentages of the African women's agricultural labour inputs indicating that, on average African women put in more work as compared to their male counterparts.

Figure 4.1

Division of Agricultural related Labour by Task and Sex in Africa

Tasks	Percentage of total labour force	
	Men	Women
Preparation and ploughing of soil	60	40
Hoeing	30	70
Planting	20	80
Harvesting	60	40
Transportation of crops	20	80
Processing of crops	0	100
Crop storage	50	50
Marketing of crops	40	60
Caring for livestock	50	50
Hunting	90	10
Domestic work	5	95
Clearing of fields	95	15
TOTAL	515	560

Source: UNECA, (1996: 21. A study of the economic empowerment of women and their role in the socio-economic development of Africa. Addis Ababa: UNECA.

4.2.3 Role of Women in the national economies

Historically African women have always been bread winners, but more so now as most African countries are forced to take drastic measures under structural

adjustment programmes to revive their economies. Arigbede (1997: 16) has described women in Africa as providing most of the "labour without which other labours could not take place". This is the labour that is usually not counted and enumerated in economic and statistics texts. Such labour activities would include childbearing and rearing; household management; subsistence production and buying and selling of goods (Mhone, 1995: 5). Snyder and Tadesse (1995: 197) give the following break down of female labour participation in economic activities in various African countries indicating that when all the sectors of the economy are combined African women's labour contribution is substantial.

Figure 4.2

Percentages of females workings, by sector

	Agriculture		Industry		Services	
	1980	1987	1980	1987	1980	1987
Sub Saharan Africa	82	79	4	5	14	15
North Africa	24	19	22	26	54	56
All of Africa	71	67	8	9	21	23

Snyder, Margaret C. and Tadesse, Mary (199: 197). African women and development: a history. Johannesburg: Witwatersrand University Press.

4.2.4 Role of Women in the informal sector

Women are at the centre of the informal sector in many African economies becoming increasingly involved in small-scale business activities. In a study done in Botswana on 'Women in small-scale enterprises', Mutanyatta (1991: 166) reveals that "out of 110 firms, 51(46.4%) were owned by women, 46(41.8%) by men and 13(8.2%) by both men and women. Other studies done in the KwaZulu-

Natal region of South Africa have indicated a "high involvement of women relative to men in the informal-sector" (Friedman and Hambridge, 1991: 165). This underscores the point that increasingly women are becoming more involved in business activities in Africa.

They are also involved in the process of creating employment opportunities for themselves so as to supplement family incomes. This has become increasingly more apparent in the work of structural adjustment programmes that have been imposed on most African economies and in most instances women have been forced to have two jobs so as to survive harsh economic realities. Mukwita (1997: 1) has confirmed this in an article on how in Zambia it is necessary for women to take on two jobs, one formal and the other in the informal sector. This practice is normally referred to as 'moonlighting' and entails that the woman has to work on and above the normal working hours in order to survive.

4.2.5 Role of Women in regional co-operation

Economic integration in the form of regional organisations such as the South Africa Development Community (SADC) and Preferential Trade Area (PTA) have not been able to truly foster and implement economic co-operation amongst African countries, despite the most ambitious development plans. The integration has not really worked and has never been felt on the ground. The situation is not bleak though and many women have initiated and implemented economic co-operation and integration in Africa. For example, in West Africa the economic

integration of the region has already started with women taking the initiative and flying between capitals buying and selling goods. The situation is the same in Southern Africa where women are increasingly more involved in trading within and between the borders of Tanzania, Malawi, Zimbabwe and the rest of the countries in the Sub-region (Arigbede, 1997: 18).

4.2.6 Role of Women in environmental issues

The sustainability of the environment is also largely dependent on women who do most of the preservation and conservation activities. This role is derived from the other roles that women perform in society. These are roles associated with either agriculture by cutting down trees to support shifting cultivation, firewood gathering, water collecting or roles in health care by provision of traditional medicine. All these activities can either have a positive or negative impact on the surrounding environment.

African women also possess the knowledge and skills regarding the most suitable conservation practices for the environment. For instance, Quisimbing (1995: 7) cites the case of Zambia's Chitemene system in which forest and fallow are prepared for crop production by the burning of trees. In this system she maintains, both men and women have "local knowledge of woodland, fallow land species, their growing patterns, their agronomic attributes and their uses". Kettel (1995: 36) gives the example of the Women, Environment and Development Network's (WEDNET) extensive research on women's technical environmental knowledge

as being at the centre of environmental issues. She argues that these “indigenous knowledge systems contain a great deal of precise and useful science and technological information which for centuries has been the basis of successful environmental management. It is through their long interaction with the environment that women have had to acquire knowledge and skills for its management”.

4.2.7 Role of Women in education

Women play an important role in the education of children, both in the formal and informal system. In the informal system, they are involved in the education of the young from the moment they are born (Arigbede, 1997: 11). Meanwhile in the formal system, women are in the majority within the educational sector in Africa, especially in the lower levels of education such as pre-school, primary and secondary institutions. The following figures from South Africa confirm this.

Figure 4.3

Teachers by rank and sex

Rank	Primary		Secondary	
	Women	% total	Women	% total
Principal	4 429	60.3	73	10.0
Deputy Principal	241	62.0	77	25.6
Department Head	1 786	69.7	780	35.5
Teacher	25 345	80.5	6 847	46.0
Total	31 801	76.1	7 777	42.9

Source: South Africa, Beijing Preparatory Committee. (1995: 29). Beijing Conference Report: 1994 Country Report on the Status of South African Women. Cape Town: CTP.

Traditionally, in the informal educational sector, they have played a pivotal role in bringing up responsible members of African society. This was implemented by means of traditional educational systems such as initiation ceremonies where young girls are taught how to be mothers. This knowledge which is mostly contained in the oral tradition needs to be preserved so that it can be passed on to the next generation. It is contended that future generations in Africa will depend on their women to inculcate and foster such educational principles as most governments reduce funding to the education sector due to economic difficulties. Statistics show that in Africa funding for education has been reducing in the past few years. UNECA (1996: 39) state that government expenditure on education in countries like Zaire, Tanzania, Malawi, Uganda and Tunisia recorded reductions of more than 50% in their education budgets beginning the mid 1980's. This is true for most other African countries.

4.2.8 Role of Women in health

The role of women in health care has been identified through a number of activities that women perform whether in their households or for the community. All these activities are tailored towards the well being of the society as a whole. Good health is fundamental to any society. Any development activity is dependent on a society that enjoys a socially healthy status. The African woman is normally the mother, grandmother, next door neighbour, relation, the traditional birth attendant and the principal health minder.

Studies done in several African countries show that more women as compared to men are involved in the selling of traditional herbal medicines, which indicates increasing involvement in healthcare services. Friedman and Hambridge quote the following ratios in a number of Sub-Saharan countries:

Figure 4.4

**Gender disaggregated data on traditional health practitioners
in several Sub-Saharan Countries**

	Men	Women
Zambia	8	11
Ivory coast	30	144
Swaziland	4	3
South Africa	22	270

Source: Friedman, M. and Hambridge, F. (1991: 169). The informal sector, gender and development. In South Africa's informal economy: contemporary South African Debates. Edited by E. Preston-Whyte and F. Rogerson. Cape Town: Oxford University

Sustainable health in any society is always achieved by the people themselves and usually it is the people at grassroots who attain coping and defensive mechanisms with regard to health care. This is especially prevalent within the present state of African economies and policies where national governments are unable to deliver appropriate and adequate health care facilities.

Arigbede (1997: 15) sums up the role of African women with regard to traditional health care in the following words: -

"the health of the community in most of Africa, rests on its womanhood.

The grand matriarch it is who attends most immediately and directly, aided

by her team of younger women, to all the health needs of the community. The herbal infusions and decoctions that each child and adult must drink every morning to ward off illness, are known to her...she holds them ready to keep the community's primary health sound. She teaches to young mothers what they must do to sustain the health of the new-born. The very sanity, primary mental health, of the community depends heavily on its womanhood. The untiring and deeply versed apothecaries of African communities are the women...The vastness of local African Pharmacopoeia holds no secrets for the African woman who is the expert in pharmacognosy, pharmacology and pharmaceuticals, all rolled into one".

It is thus imperative that women's role in sustaining traditional health care in Africa should be recognised and valued for as has been argued African women deal immediately and directly with the health needs of the community. The United Nations Children's Fund report of (1993: 13) on 'Girls and Women' suggests that "most activities that determine health, whether defined as the absence of disease or as overall social and economic well being, take place within the home and are undertaken by girls and women". This implies the notion that women have always been good health care providers to the community and it is therefore important that the whole continent should support special efforts to improve women's health on the continent.

Another aspect of traditional health care that African women are involved in is the maintenance of nutrition in society. Nutrition is an important aspect of our livelihood for without good nutrition, the consequences are malnutrition which

result in life threatening diseases such as kwashiorkor in children. Women are custodians of family nutrition for they spend most of their time providing the family meal (World Bank, 1994: 5).

4.2.9 Women and childcare

The quality of child upbringing in any society determines the ultimate quality of the whole society itself. It is in this connection that Arigbede argues that “the very first child health minder for most Africans is the mother” (Arigbede, 1997: 13). This is very true of most African societies. The early education is normally left to women. It is important to acknowledge that this early education shapes the success of any society. The United Nations Children’s Fund and, the United Nations Scientific and Cultural Organisation have also acknowledged this role. At the Pan African Conference on the Education of Girls held in Ouagadougou, Burkina Faso, they both concluded that mothers played a pivotal role in educating their children and thereby helped in the “development of their curiosity, intelligence and creativity (UNESCO 1995: 4). A child with an illiterate mother is more handicapped than others” (UNICEF 1993: 9).

In this scenario education really starts with the mother and considering that most African countries have not yet achieved universal education for their citizens, the crucial role of early education is still shouldered by women. Polygamy, which is still predominant in many African states, also means that a large number of men “abdicate” their responsibilities as parents. In other situations, many African men

work far away from home for instances in the mines or cities. Women thus are left to shoulder the role of bringing up children into responsible members of the African society. Another factor that is increasing the trend nowadays is the rising number of female-headed households. The United Nations Economic Commission for Africa (1996: 23) estimates, that women head 35 percent of households in Africa. The proceeding figure indicates the percentage of households headed by women in Africa:

Figure 4.5

**Percentage of households headed by women in eight
African Countries: 1990 – 1994**

Country	% of Female Headed Households
Botswana	62
Malawi (Blantyre)	34.3
Malawi (Rural)	28.4
Kenya	31
Ghana (Urban)	31
Ghana (Rural)	28
Lesotho	60
Swaziland	60.7
Zimbabwe	37.48
Namibia	50

Source: UNECA. (1996). A study of the economic empowerment of women and their role in the socio-economic development of Africa. Addis Ababa: UNECA

4.2.10 Women and socialisation

The relationship between mother and child is usually bonded during the early years of a child's development. The lessons of love, trust, solidarity, confidence and interdependence is passed on from the mother to the child. In Africa this is

particularly true as is demonstrated by the fact that when a child is born, it spends as much time as possible with the mother so that the mother and child can bond. Obikeze (1997: 3) cites Uchedu who makes the observation that "to put a baby in a separate place is regarded as showing want of love for the baby and little respect for one's duty as the mother". This is demonstrated she argues, by the fact that the first days after a baby is born it sleeps with the mother in the same bed. Arigbede (1997: 12) confirms the importance of this practice by arguing that "human psychologists dealing with problems of child and adult socialisation have acknowledged the dependence of the humanness of society as a whole on the early value orientation of the young by women".

4.2.11 Women and development in summary

From the above it is clear that women play a pivotal role in sustaining and fostering development within African society. The salient features of women's pivotal role in the development process encompass agriculture, health, education, and business activities.

4.3 Women's health and development

Having argued that women make significant contributions to the development of the continent, it is imperative to argue that by providing women with good health care services they are further empowered to continue with the contributions that they are already making to society. The World Bank's (1994: 1) study, "A new agenda for women's health and nutrition" indicates that there is increasing

evidence from all over the world that points to the fact that "investment in health is fundamental to improving human welfare and economic growth, as well as reducing poverty". This results in healthy human resources that can take up the development process.

4.4 Information, health and development

This section looks at the link between the concepts information, health and development to provide a better understanding of how they are connected to the issue of women's health.

4.4.1 Information defined

Information is very difficult to conceptualise and different scholars look at it in different ways. Information is seen to contain both structural and functional elements (Paisley: 1980: 118). Paisley sees the structural element of information as an arrangement of symbols, whilst the functional element deals with changing a user's cognitive understanding of a particular subject. It's the catalytic function of information that will be emphasised in this section. For what use is information if it does not meet peoples' information needs in bringing some change in women's lives.

Mbambo (1995: 46) cites Wilbur Schramm who refers to the role of information as "bringing people into decisions of development, to give them a basis for participating effectively, to speed and smooth changes decided". Lundu and

Milimo, (1990: 145) look at it as having "an increasingly pervasive influence on almost every aspect of social cohesion and human development regardless of locality." This means that for any society to achieve meaningful development that is beneficial to its members, the efficient and effective flow of information must be met. With regard to this dissertation, efficiency would mean that information is made available to women in a timely manner. Effectiveness on the other hand relates to appropriate information being delivered that would contribute to a positive change in women's lives.

Abate (1996: 11) defines information as

"intelligence and knowledge that contributes to the social, economic, cultural and political well-being of society irrespective of the form it is inscribed in (text, figures, diagrams, symbols); irrespective of the mode of dissemination (oral, written, electronic, audio-visual): irrespective of the societal activity that gave rise to it (research, administrative, census, remote sensing, etc); and the institutions that organise and disseminate it (libraries, archives, statistical offices, geological surveys, computer centres, media and broadcasting services, telecommunication authorities".

Boon (1992: 64) quotes Bloom (1980) who defines information as "any input that can be processed intellectually or cognitively for the development of meaning" and "meaning" is identified as "something that contributes to problem-solving, decision-making" or in the context of this dissertation development.

From the above definitions of information, it can be deduced that information is a difficult commodity to quantify in real terms, it is not tangible, it cannot be felt, but it can have considerable end effects on a person, ranging from instructive to destructive.

Boon (1992: 64) further develops Bell's argument (1986) and states that, the most important thing to remember when using information is that "the use of information in development is of a changeable nature that varies according to the needs of users and potential users and the circumstances in which they exist".

Boon (1992: 65) cites the former president of Tanzania Julius Nyerere who recognised as early as 1974 that

"people cannot be developed; they can only develop themselves. A man develops himself by what he does; he develops himself by making his own decisions, by increasing his knowledge and ability, and by his full participation in the life of the community in which he lives in".

From Nyerere's point of view, information in the form of knowledge is one of the basic necessities that are needed in order for people to be able to participate effectively in the development of their societies. Effective participation by societies in affairs that affect them requires that such societies be informed of such issues, and from this project's viewpoint, particularly such knowledge that would make women engage more effectively in health issues. This kind of process

would ensure that women understand for example, government health care programmes, which would make Government efforts more effective.

Information from the above definitions and for the purposes of this research is thus looked at from a very broad perspective. It includes the distinctions made by Boon (1992: 64). He distinguishes amongst data, information, knowledge, wisdom, and intelligence. He argues that information is therefore any input that can be processed intellectually or cognitively so as to achieve meaning for a particular purpose.

4.4.2 Development and health information

To achieve development, adequate resources are required and one of the most important that can foster social change is health information. Health information when used timely and correctly can lead to sustainable livelihoods, and a change in the way people think, feel and perform certain activities. Development is meaningful only when people see a change in their lives and in terms of women's access to health information, this would enable women to make informed choices with regard to health issues that affect them. It is only when they are able to utilise information to change certain things in their lives for the better that one can argue that positive development has taken place. The transformational nature of information that enables development to take place should be a goal for every country.

Development in relation to health can be said to take place if and when women's health issues are brought to the core of development programmes. These programmes should be planned and implemented in such a way that they address the issue of health libraries and information centres that are readily available and accessible to women. When such a situation that allows women to have total control and access to health information is achieved, then only can we begin to talk of women in Africa being empowered.

African women need to have access to good health care, which should be both preventive and curative, in order for them to carry out their important functions in society. An important aspect of preventive health care would be ready access to library and information services so that women can further their education and be more informed on health issues, particularly preventive measures. This kind of health care service is the one the Alma Ata Declaration of the World Health Organisation and the United Nations Children's Fund set out to achieve in 1979 when they placed emphasis on Primary Health Care. According to the declaration, information, communication and education were to play an active role in promoting health activities (van der Velden and de Widt, 1995: 264).

Information's role in development in supporting women's health has been identified through a number of ways. Among the cardinal ones are:

4.4.2.1 Family Planning Services

The success or failure of family planning services depends on the effectiveness of family planning information services that are provided to women (Irlam: 1997: Email). An efficient and effective information service provides information on the positive and negative effects of the methods that are being offered to women. It is important to note that such a service needs to take into consideration the socio-economic and cultural aspects of the group of women for whom it is targeted since these factors determine women's access to health information.

4.4.2.2 Prevention of disease

Prevention of disease is one area that could not take place in the absence of efficient access to and free flow of information. Especially sexually transmitted diseases like AIDS, Gonorrhoea and Syphilis require good information and communication policies for them to be prevented. There is further an even greater need for good health information and communication policies that target women, as they are most vulnerable with regard to contracting sexually transmitted diseases. UNFPA (1997: 1) attributes this vulnerability to the physiology of women. The other reason why they should be especially targeted is because they usually control the family's wellbeing and health issues.

The majority of the women interviewed by this study felt that having access to preventive information would reduce the incidence of contracting diseases considerably by all members of the family. It was generally observed that the

information they receive on certain diseases is only disseminated when there is an outbreak of the disease for example, cholera or other diseases that could have been prevented had the required information been available timeously (Himalikiti, 1997: Interview).

4.4.2.3 Food and nutrition

Provision of nutritional information to women is an important strategy that ensures that the household not only follows a good balanced diet, but that they also eat healthy nourishing food. It is important to note that healthy food does not necessarily mean imported foodstuffs. Research has shown that most of the indigenous food that is grown in African countries have very high nutritional values that should help reduce many diseases stemming from malnutrition such as Kwashiorkor if included in the diet in the correct proportions (Malumani, 1997: Interview). It follows, therefore, that health information should be disseminated on the nutritional value of indigenous food and the various ways that could be adopted in cooking them. Unhealthy diets lead to "growth failure in children, decreased immunity against disease, learning disabilities, poor reproductive outcomes and reduced productivity (World Bank, 1994: 33).

4.4.2.4 Agricultural information

Agricultural information is needed so that women know what type of food crops to grow and when they should grow it. It is also important that information be provided on crop diseases, how to avoid them and how to alleviate the problem

when their food crops have been infected with a disease. This type of agricultural information provision has been implemented in Zambia for example, albeit at a very low scale. The National Agriculture and Information Service (NAIS) in Zambia produces radio broadcasts on agricultural issues (Hantumba, 1997: Interview). By providing women with appropriate agricultural information, the cultivation of crops will proceed more smoothly and effectively. An example would be information on the appropriate use of pesticide, which would prevent their incorrect or over use and thus alleviate the many harmful side effects induced by pesticides in humans. This type of information would sensitise women to the harmful effects of pesticides particularly with regard to their children and also the environment.

4.4.2.5 Water and Sanitation

Responsible governments should provide water and sanitation information all over Africa if they want to achieve the year 2000 goal of health for all. Because women are the overall overseers of the household's well being they need to be informed of the consequences of bad sanitation habits. Information on good sewage disposal and general environmental cleanliness are information needs that need to be fulfilled if the "health for all" by the year 2000 proposed by the World Health Organisation (Smyke, 1991: 8) is to be achieved.

4.5 Summary

Health and development have a symbiotic relationship, in the sense that without the one, the other cannot exist. Development's impact on health is tremendous, for without development, instituting health care programmes becomes almost impossible. Health on the other hand also affects development because without a healthy population, development cannot take place.

Writing on the interaction of these two concepts Phillips & Verhasselt (1994: 4) argue that there is a "complex interrelationship [existing] between health and development; it is certainly not a one way relationship". They further state that the health status of the population has long been established to have considerable influence on the development of any particular country. Development, furthermore, can influence the type of health care services that is going to be delivered. If a country is sufficiently developed, it will be able to provide good health care facilities for all its citizens.

Information is the catalyst that links health and development in a much more co-ordinated manner. Its presence is like a lubricant that oils the efficient and smooth running of health care programmes. It not only helps with the smooth running of health care programmes, but can also empower women to make their own decisions. This in turn could have an effect on health policies, as women would be in a position to provide a far more informed input.

Information is perhaps the most basic resource of all human activities. It has to be present in any professional or industrial activity to enable the smooth running of that activity. Most people use information every second of their lives and yet they do not realise that they are using it. It is this recognition that needs to be brought to the forefront of development programmes in Africa.

The next chapter discusses information systems, the impact of information on health in Africa as well as types of information, modes of communication and obstacles to access information in Africa

CHAPTER 5

Information and Women's Health in Africa

5.0 Overview

Chapter five discusses the relationship between information and women's health in an African environment. It pays special attention to the following:

- Information systems;
- Women's health information needs;
- Sources of health information, problems associated with accessing this information;
- Women's communication patterns, and;
- Information and women's health provision in Africa.

5.1 Categories of information systems

Information systems symbolise an organised form of transferring information from the producers to the end users. It is basically a process whereby information users learn new things by having access to information as well as informing others of new knowledge when one has learnt something. There are many kinds of information systems that have been used in transferring information from one person to the other or from one society to another. These information systems can be broadly divided into two categories; namely traditional information systems and western information systems (Durrani, 1984: 153).

has the information. Its problems lie, however in the fact that it is usually difficult to collect, store, share and is not as organised as a westernised library system where all the information is in one place and there are library tools that one can use to locate a specific piece of information.

Libraries in Africa need to develop ways of serving all the women not just the literate. If library and information workers recognise that indigenous knowledge on health issues is available amongst the locals themselves, there is a need to tap into this knowledge, repackage it and communicate it to the larger community.

Accessing traditional indigenous information might prove to be more difficult as one must first find who has the information, sometimes it could be very far off in terms of distance. In the first instance, one is always faced with finding the most authoritative person to get the indigenous health information (Ramduny, 1997: Email). However, this should form the basis of collecting the indigenous information, beginning with the indigenous people themselves.

Collection of the indigenous health information can be done through interviews, and observation. The information to be collected and preserved will depend on what type of health information system will be set up and on the needs of the local women that will use the health information system. This local health information can be recorded on tape, either videotape or audio-tape. Alternatively it can be recorded in a written form such as books or journals.

The identification, collection and preservation of indigenous information has a number of benefits for the women in Africa. Maudu (1995: 5) has stated that indigenous health information:

- can be used to identify resources that exist in society
- can be made available to other women who are less knowledgeable, by means of printed literature, media campaigns and traditional channels of communication such as initiation ceremonies
- can be used in innovative participatory research to modify indigenous knowledge so as to improve utilisation
- can be applied to specific problems so as to find solutions to the problems that a specific community faces.

In a study on 'Claiming and using indigenous knowledge', Appleton (1995: 55) documents how local knowledge systems have the capacity to make people understand their particular socio-economic environment, as it is knowledge that is generated over time. This kind of information system which has been developed by the people themselves is very powerful as it can either destroy or foster anything that is introduced and considered foreign.

It is therefore the duty of the information worker to build on these information systems and reconcile them with the concept of western library systems, (Durrani, 1985: 150). When reconciling indigenous information systems and western library systems it should be taken into consideration that the majority of

5.2.1 Traditional information systems

Traditional information systems play a significant role in the African society. Among women, it is one of the most powerful tools of transmitting information from one person to the other and from generation to generation (Nkebukwa, 1997: Email). These tools can either be in the form of dance or songs performed at initiation ceremonies or naming ceremonies. This kind of information, which is not usually written down, but is oral needs to be tapped and made readily accessible to all.

The African writer Elechi Amadi writing on the importance of traditional information systems as quoted by Iwuji (1990: 56) comments that:

"chaque viellard qui meurt, c'est une bibliotheque qui brule = each old man who dies, signifies the burning of one library. The grief arising from the devastation of fire or similar causes in the western world is only comparable in intensity to the loss through death, of an old man in Africa. The latter, like the former, is the veritable embodiment of an archive or a proto-library - a library without walls".

Amadi recognises what a veritable knowledge reservoir is contained in old people's heads, which almost always vanishes when one dies. In a similar vein, Lundu (1995:1) puts emphasis on traditional information systems as a way of utilising local resources to improve societies. This is because most of the traditional information systems are locally produced by society and therefore easy to assimilate. It is usually cheaper and more readily available if one knows who

women in Africa are illiterate, and most of the information they have comes from indigenous information systems. In a similar vein, Bessette (1997: 2) recognises the need for local knowledge to be "researched and encouraged to create a bridge with western information systems and enhance respect for people who store traditional lore".

Women's indigenous health information systems should be strengthened as this knowledge forms the basis of health care in most African communities (Kothari, 1995: 9). The reason why indigenous knowledge should form the basis of health care systems is attributable to the fact that medical care services are expensive, the non availability of health care facilities in most of the rural areas of Africa, and the acceptance and belief in a health system that the community is part of.

5.2.2 Western information systems

Western information systems have been widely used all over the world, but are a fairly recent phenomenon in certain parts of Africa. These information systems also play a significant part in transmitting information from one generation to the other. Western information systems consist of all forms of recorded knowledge such as books, newspapers, cassettes, films, microfiches, and what is now commonly termed as "information technologies" (Durrani, 1985: 152). Such information systems are usually considered to be more occidental and therefore out of touch with everyday realities faced by African women that do not necessarily exist in Europe.

These realities relate to the inaccessibility of education that most women face on this continent and the resulting high illiteracy levels; the desperate economic situations that they face; and the non availability of well co-ordinated health information delivery mechanisms. With such a scenario, the existence of a library in Africa modelled on the western concept becomes irrelevant, as it would not benefit the majority of women (Ginwala, 1997: Email).

Although African women face very different realities in accessing health information when compared to their counterparts in Europe, the importance of western information systems in transmitting information from the producers to the end users should not be underestimated. Their importance lies in the fact that they are relatively easy to deal with as they can be moved from one place to the other, without fear of losing them. They are also easy to conserve and they can store vast quantities of information in a very compact format (Ramduny, 1997: Email). However, if the western information systems are to be effective in Africa and reach a vast majority of women, their format and orientation must adapt to local conditions.

All these systems of information have their own advantages and disadvantages. What is important is to look at each one of them and see which one would be most suitable in a particular situation. Taking into consideration the cost and the level of information literacy of women in Africa, care should be taken to choose the ones that would really benefit the whole community and not just a small

section. The other factor to consider when establishing a health information system for women are women's work habits which means that the timing of the information service should coincide with the times when the women are not doing any work. The type of information to be disseminated should also not come into conflict with the society's views and values, as this would make the service unacceptable. In the end, a successful women's health information service will depend on how good it markets itself not only to the women themselves but the whole society.

5.3 Women's health information needs

An information need is an expression of lack of knowledge; a desire to know more of what one is experiencing at one particular moment (McGarry, 1981: 33). This can be expressed in many ways. For instance, in terms of health information, women may express a need for information during pregnancy, when one of their children falls ill or whenever they experience different afflictions (Usman, 1997: Email).

In Africa, women's health information needs include the following (Aboyade, 1984: 258):

- Treatment of certain prevalent diseases like malaria;
- Antenatal and post-natal care;
- Nutrition;
- Cure of infertility;

- Where the nearest medical centre is located;
- Dangers of smoking;
- Environmental sanitation;
- Water supply, and;
- Employment opportunities.

The women that this researcher interviewed verified the health information needs that Aboyade has identified. These needs mostly relate to survival information needs that arise out of people's living conditions. In addition they specifically identified the following as the most crucial information needs that they would want to have addressed (Ginwala, Mandewo and Nkebukwa, 1997: Email):

- Eye problems;
- High blood pressure;
- Physical and sexual abuse;
- Malnutrition;
- Fatigue;
- Family planning;
- Reproductive health;
- Cancer;
- Schistosomiasis (in Zimbabwe);
- Abortion;
- Safe motherhood;
- Nutrition;

- Occupational health;
- Female Genital Mutilation, and;
- AIDS.

5.4 Factors that influence African Women's health information needs

Health information needs of women in Africa are a direct result of their social position. Since most of Africa is still to a large extent patriarchal, health information behaviour predominantly revolves around such a system. Women's access to health information dissemination is determined by the internal ordering of society in terms of who has access to it and who allows access to the information.

Another factor that is equally important is education and literacy. Education of women is still not a priority and in many cases, when there is little money parents prefer to send a male child to school as opposed to a female child (Fraser-Abder and Mehta, 1995: 205). This they justify by the argument that the female child will always get married and therefore does not need to be equipped with an education, as she will not be the breadwinner. If such a situation arises the female child is disadvantaged in terms of access to educational institutions. This should also be considered in the context of very limited non-formal education opportunities in Africa which precludes girls who do not have access to formal schooling to continue with their studies at a later date. This non-availability of non-formal education programmes results in large numbers of women who have

had little education and therefore cannot read and write. In such a scenario very few women have access to information as most of the information is contained in printed documents.

5.5 Sources of health information for women in Africa

The sources of health information for women in Africa are as varied as the women themselves. These variations in sources of information arise from factors such as access to education, locality of the women and the socio-cultural environment. These factors determine who has access to health information and who can disseminate health information in society. Since African society is still a predominantly patriarchal society, it means that health information sources are predominantly handled through patriarchal means either directly or indirectly. Usman (1997: Email) argues that in the communities she works, patriarchy and the practice of seclusion gives men literally the authority to allow or deny women access to information.

Most of the health information for women is obtained from the following:

- Medical authorities. Most women, however, complained that they obtain very little information from this source, as the authorities are always too busy and have no time to elaborate on medical problems (Hantumba and Himalikiti, 1997: Interview);
- Peers, friends and relatives (Mandewo and Nkebukwa, 1997: Email);

Others sources of health information as identified by Ramduny (1997: Email) are:

- Books;
- Radio and television;
- Non Governmental Organisations that deal with health issues;
- Health centres and;
- Information found by means of information technology such as the Internet.

In a recent study done in Kenya among the Kinangop women about media accessibility and utilisation, the following were identified as the most important sources of information and channels of information (See Figure 5.1) below. According to the study most of the women sought information from friends (42%), social and extension workers (33%) and relatives (15%), whilst mass media which comprised books, journals, radios and television polled the least with 10%. Although this is an indication that modern mass means of communication are becoming a common phenomenon in most African countries, there are still a large number of women who depend on their own traditional channels of communication for information. These findings further underscore the importance of traditional information as well as the importance of the informal sources of information in the lives of women in Africa who mostly live in rural areas.

Figure 5.1

Information - seeking behaviour of Kinangop Women (n=104)

Sources of information first sought	Number of Responses	Percentage
Friends	44	42
Professionals, i.e. social workers and extension workers	34	33
Relatives	16	15
Modern Mass Media	10	10
Total	104	100

Source: Ngimwa, Ocholla. and Ojiambo, (1997: 53). Media accessibility and utilisation by Kenyan rural women. In International information and library review. (29)1: 45 -66

5.6 Communication patterns of women

According to Ngechu (1990: 73) communication is a combination of two things: the process and the product. The product represents information and the process signifies the moving of information from the source to an individual, or between two or more people.

Communication of health information is an important aspect in the health care sector (World Bank, 1994: 69). Communication ensures that information is transmitted from one source to the other by using whatever channel is available. In the absence of these channels, communication of information becomes

difficult. Channels can be in the form of radios, television or human beings (Ochieng, 1995: 4).

Communication channels play an important role in transmitting information because without the channels the transmission of information from a source to the recipient becomes impossible. For Africa it is imperative that these communication channels are carefully valued and analysed and more important that the information providers take into consideration the existing modes of communication used by the people of Africa, especially the women if they are to be successful. Communication channels can generally be differentiated according to whether they are formal or informal by nature (Ochieng, 1995: 4). For the women in Africa to derive the most benefit from the various information sources, both informal and formal channels of communication should be utilised.

The combination of traditional modes of communication with western ones means that African women would not feel that new channels are being imposed on them. They, therefore, would not resent the introduction of the new channels. In this respect Durrani (1985: 57), contends that this has been one of the major reasons why the western concept of libraries has not been successful in Africa. He gives an example of the rural woman in Kenya whose information needs are determined by various roles that she plays in society, so that the idea of spending time in the library seems a luxury. As mentioned these roles are generally both productive and reproductive, comprising of being a mother, wife, responsible for

household management and also expected to uphold a formal or informal job, or both, to supplement the family income.

5.6.1 Formal channels of communication

Formal channels of communicating information usually take the form of published written materials. These can be in any format, from books to the increasing use of electronic formats. These channels of communication are usually assisted by formal structures such as the church, government departments, international organisations and libraries (Marcus 1993: 15).

In Uganda the church was singled out as one of the most important formal institutional channels of communication on AIDS information for women (Marcus 1993: 15). In the study Marcus (1993: 15) established that newspapers and radios were not significant sources of information on AIDS which suggests perhaps that due to their low level of education and literacy, many women do not use them as sources of information in Africa. Another reason she suggests is related to people's economic status and says that due to poverty most women do not have access to newspapers and radios.

5.6.2 Informal channels of communication

Informal channels of communication probably play a more important role in transmitting information amongst women in Africa than formal channels. These forms of communication have been used for a long time in Africa as a means of

communication (Ochieng, 1995: 4). They are usually in the form of dance, drama, folk songs and they have been used efficiently and effectively in transmitting information on health, nutrition and violence against women. Marcus (1993: 15) quotes Anderson et al's study in Uganda, which stresses the importance of informal channels of communication in regard to the dissemination of HIV/AIDS information to the women. According to this study most of the women learnt of AIDS from friends and relatives. This underscores the relevance of indigenous communication as being more valued and trusted by the majority of the population in Africa.

Formal and informal communication channels should be taken into consideration and incorporated into health libraries and information centres. For instance, in order for any library or information centre to be more effective in delivering its information services to women, the collection, recording and preservation of informal channels such as folk songs on health issues would enhance the services provided. This would also ensure that women have easy access to health information that is directly generated within their societies. The delivery of health information to women in a medium that they identify with, such as folk songs, also changes the concept of a library as a foreign imposition (Mandewo, 1997: Email).

5.7 Obstacles to women's access to health information in Africa

Women all over the African continent face a number of barriers in accessing information and especially health information due to various cultural and traditional practices. Ochieng (1995: 4), "identifies low status of education, lack of adequate information and lack of appropriate methods of dissemination" as some of the reasons why it is difficult to reach the African woman with information.

Ownership of channels of communication has also been cited as a major obstacle in delivering health information to women. Ochieng (1996: 3), Mosse (1993: 26) and Marcus (1993: 22) all attest to the fact that most people in Africa are poor, and for women who have to look after their families on meagre incomes, communication media such as telephones, computers, television and radios would be beyond their reach.

Studies on women's information needs are also lacking, let alone women's health information needs. Information on the causes, severity and distribution of women's health is lacking (World Bank 1994: 69), and collecting this kind of information is costly. Planners also operate with outdated information or wrong data. In such a vacuum of studies, the provision of health information services to women becomes problematic, as information providers do not really know what they should address.

Further, in a report of a workshop held in Uganda on the provision of information to women (Isis - Wicce, 1996: 21), the following were identified as major constraints in reaching women in Uganda with information - a typical scenario for many African countries:

- ◆ "wrong timing" in the case of radio broadcasts. For the African woman time is a major constraint, because she has no time to sit down and listen to the radio as she is always working from dawn to dusk. Nkebukwa (1997: Email) adds the issue that the radio programmes are generally not gender-sensitive. She argues that programmes on

"women's health are aired while the woman is in the kitchen. Traditional division of labour ranks kitchen duties higher than learning so she cannot abandon her "office" to come to the sitting room to listen to aired programmes on health, assuming that she even knows their schedules. Once a woman misses an aired programme, she can't retrieve that information, but if information is printed, a literate woman can get access to it and read it at her own time and place, including the kitchen".

- ◆ "the majority of women are illiterate". This has been singled out as a severe problem for women. However, in a study on Information Provision in Malawian villages, Sturges & Chimseu (1996: 150) established that illiteracy was not a major obstacle to accessing information, but rather the scarcity of printed documents. The villagers argued that if they had the

documents, they could always find someone to read to them. Here is perhaps another role librarians should seriously consider. In the same vein Nkebukwa (1997: Email) argues that one of the reasons why literacy plays a major role in women's health in Africa is

"that in many developing countries especially Africa, it is printed media which reaches a large part of the population; the prerequisite for effective use of information is literacy. Audiovisual facilities like television and even radio do not reach many women in the rural areas where the majority of women are, as the telecommunications do not exist.

- ◆ In cases where women can read, the information is in a foreign language and either inappropriate or obsolete.
- ◆ "Most information centres are urban-based" whereas the majority of the African women affected live in rural areas. Women who live in the urban centres, however are not much better off because even in the urban areas there are very few information centres dedicated to appropriate health information which is accessible to women (Isis-Wicce, 1996: 21).
- ◆ Deep rooted beliefs in traditional cures which make women suspicious of any other information especially that which is external (Nkebukwa, 1997: Email).

- ◆ Poor communication methods especially in this era of information technology. Most of Africa does not have access to telephones, which is essential for having the Internet and efficient utilisation of information technology such as the Internet. According to statistics like the one done by the STBA/EUROSTAT of 1994, show that there are only "12 telephones per 1,000 people; 19 television sets per 1000; about 97 radios per 1000 people; and less than 10 newspapers for 1000 people in Africa", (Ochieng, 1995: 4). This means that information dissemination becomes extremely difficult because of the low connectivity of the telecommunication system.
- ◆ Lack of resources. This is expressed mostly in monetary terms as it prevents women from seeking professional advice from medical doctors. As one woman put it, "I only go to see a doctor when I am very ill. I simply do not have money to just look for information on any other health issues when I am not ill" (Mlozi, 1997: Interview).
- ◆ Another important obstacle is the one Mathaai (1997: Email) links to lack of communication skills amongst librarians and information workers which prevents adequate communication with information users. As a result of such a situation, users come away from library or information centres dissatisfied with the service.

5.7 Summary

The chapter has discussed women's health information needs both in the traditional information systems and western information systems. It has also looked at the formal and informal communication methods that can be used for women's health information dissemination as well as identifying the obstacles women face in accessing this information. The chapter established that for health information dissemination to be effectively disseminated to women there is need to combine both the western and the traditional information systems so that women in Africa can benefit from the advantages of both systems. The next chapter focuses on the alternative strategies that could be adopted to meet African women's health information needs.

CHAPTER 6

Meeting Women's Health Information Needs in Africa

"What we need is correct information so that we can make the right decisions and take appropriate action".

Wangari Maatai, (1995: 3)

"Do you know what women lack most? The knowledge, the deep rooted knowledge that they are human beings".

Fathia Al Assal of Egypt in Smyke (1991: 25)

6.0 Overview

This chapter will focus on:

- The need for alternative approaches to meeting women's health information needs in Africa.
- The need to develop alternative approaches to enhance women's health information delivery mechanisms.

6.1 Need for alternative approaches to meeting women's health information needs in Africa

Designing alternative approaches of meeting women's health information needs requires that the diversity of women's situations such as differences in location, language, education and social status be taken into consideration as these characteristics will impact on the type of health information service offered.

The questions that require answers are; why focus on women's health information and why alternative approaches to health information delivery?

In the first instance, emphasis on the provision of health information to women in Africa is in recognition of the fact that health underpins every other activity in society. This recognition arises out of the reality that women in Africa have always been disadvantaged in terms of access to health care services as the majority of them live in the rural areas. Access to health services is also hindered by a number of factors such as: distance to the health centre, non – availability of health centres, no medication in the hospitals and the lack of time to consult medical practitioners. The provision of health information services that target women specifically should address these factors.

Secondly the importance of health to the livelihood of African women cannot be over emphasised. This is revealed in a study conducted of rural women in Kenya on "Media accessibility and utilisation", which identified health information as cardinal to their survival (Oginwa, Ocholla and Ojiambo 1997: 52). The statistics outlined in Figure 6.2 below indicate that 43.3 percent of the women in this study were in need of information on health issues. The information that the women required was both for personal health as well as child health. This is also an indication that although African women lack information in general, health information ranks the most important in terms of need.

Figure 6.2

Information needs of Kingnap Women (n=104)

Information needs	No. of respondents	Percentage
Health information		
(a) Child health	31	29.8
(b) Personal Health	14	13.5
Subtotal	45	43.3
Agricultural information		
(a) Animal husbandry	7	6.7
(b) Crop husbandry	24	23.1
Subtotal	31	29.8
Business	1	1
Others	27	26
Total	104	100

Source: Ngimwa et al, (1997: 52). *Media accessibility and utilisation by Kenyan rural women. In: International Information and Library Review. (29) 1: 45 - 66.*

In another study, Aboyade (1984: 218) discussed women's health information needs as indicated in Chapter three, and enumerated them as follows:

- Treatment of certain specific prevalent diseases such as malaria and cholera;
- Ante-natal and post-natal care;
- Nutrition;
- Cure of infertility;
- Where the nearest hospital and medical centre is located;
- Dangers of smoking;
- Environmental sanitation;

- Water supply;
- Employment opportunities.

Of the women interviewed for this research, 78% of them singled out in addition to what Aboyade identified, diseases such as cervical and breast cancer; tuberculosis; AIDS; flu; high blood pressure; unplanned pregnancies and afflictions such as diarrhoea; and malnutrition. They also indicated that physical and sexual abuse were some of the most prevalent and difficult problems women face. Usman (1997: Email) and Pakkiri (1998: Interview) expressed the need for women to be provided with information on where to go for help if they are physically or sexually abused by their spouses.

Women's health information systems in Africa should however, combine both the traditional as well as occidental methods of information delivery (Kwatsha, 1997: Interview). This is because western information services in the past have never really been appropriate and therefore not benefited African women. The need to combine both the traditional as well as western dissemination methods is based on the fact that the delivery of health information services must be client oriented. In this case it should take cognisance of the women who are going to use it. The incorporation of western methods of information health delivery into traditional information services will benefit the majority of African women who are illiterate and live in rural areas (Usman, 1997: Email).

Secondly, the level of satisfaction with modern methods of information delivery has not always been successful. Studies done in Kenya on "media accessibility and utilisation", indicated a 9.6 percent level of satisfaction with modern mass media (Ngimwa, Ocholla and Ojiambo, 1997: 53). This low level of satisfaction with modern mass media as compared to information from friends, professionals and relatives is attributable to illiteracy, as most women cannot read and thus do not have access to the written media. When it comes to radio and television, wrong programming and timing played a big role in influencing the level of satisfaction. The figure below shows the Kinangop women's level of satisfaction.

Figure 6.2

**Information - seeking behaviour and level of satisfaction
with information (n=104)**

Sources of information	Yes		NO		Total Responses	
		%		%		%
Friends	40	38.5	4	3.8	44	42.3
Professionals	27	26.0	7	6.7	34	32.7
Relatives	10	0.6	6	3.8	16	15.4
Modern Mass Media	8	7.7	2	2.0	10	9.6
Total	85	81.7	19	18.3	104	100.0

Source: Ngimwa, P., Ocholla, D and Ojiambo J. (1997: 53). *Media accessibility and utilisation by Kenyan rural women. In: International Information and Library Review. (29) 1: 45 - 66.*

The results from the electronic mail questionnaires and interviews indicated that libraries and information centres are the ideal and most practical vehicles to operate as the nerve centre of women's health information dissemination in

Africa. However, information infrastructures in Africa are fraught with difficulties such as poor communication, illiteracy, poverty, inappropriate information content and lack of information centres. In such a scenario, there is need to find alternatives strategies of meeting women's health information needs. When setting up these strategies, cognisance should be taken that such a health information delivery service should not only consist of information about women's bodies, but also afflictions and diseases that affect their families.

Such a health information delivery service should further take into consideration where the women live, what they require and when the health information should be delivered. They should also be given information on who provides the health information service and where it is located. This would help in empowering women to take control of their own lives. It is vital that health information is provided to African women through the most appropriate methods of information dissemination.

There is tremendous scope in Africa for activities that could help both men and women in accessing health information. Activities that are devised to help women in Africa gain access to health information should involve information workers who should work towards acting as the bridge between the production of health information and the women. However, addressing the issue of information needs of women in Africa is problematic as has already been indicated. Nevertheless, conducting an information needs analysis audit is an important prerequisite to the

successful provision of health information. The starting point would be to establish what constitutes women's health information needs in Africa. These can be diverse, as Africa is a large continent with people in each locality expressing different information needs. In general it has been observed that the majority of needs are those that deal directly with survival. Survival oriented health information needs would thus comprise among others, information on reproductive rights, housing, water and sanitation, disease, human rights, justice, rape and education.

Meeting health information needs of the African woman presents a challenge to those involved in health information dissemination, due to reasons already established such as illiteracy, poor communication facilities and cultural values that inhibit the advancement of women. Appropriate information that is sensitive to the cultural and societal needs is imperative.

In order to influence the health information behaviour of women in Africa it is essential that women's health libraries and information centres be established so that the provision of health information that relates specifically to women is provided. Libraries and information centres should ultimately serve as the centres of women's health information dissemination. These women's health libraries and information centres would have to adopt appropriate health information dissemination mechanisms to be able to meet African women's health information needs. These appropriate health dissemination mechanisms like, the broadcasting

of health information programmes on radio and workshops that deal with this topic would have to take into consideration the correct timing so as to be most effective.

In the following section the researcher suggests strategies that could enhance women's health behaviour through the provision of health information as outlined in the model. The main purpose is to describe how women's health information provision could effect change in women's health and through them the health of the whole community. These strategies to enhance women's health are later integrated into a model of women's health information provision in Africa. (See figure 6.3).

6.2 Strategies for enhancing women's health information delivery mechanisms in Africa

Strategies for women's health information provision in Africa need to address issues as to why women face problems in accessing health information. The strategies discussed in this section should enable women to gain easier access to health information so as to assist them to make informed decisions on health issues that affect them.

6.2.1 Advocacy and legislation

Advocacy and legislation is a tool that is specifically aimed at policy makers to legislate specific laws for the provision of health information that enable women access to health information. Lobbying and sensitising government is an

important and on-going process that should be engaged in by those in the field. This advocacy and lobbying of African governments should put emphasis on the economic gains that can be accrued from investing in women's health information services. Government leaders need to be convinced that if they invested in health information services it would be justifiable government expenditure that would reap dividends in the future.

Advocacy can also be done at other levels, such as the sensitisation of civil society through the media to influence the process of formulating health information policies that affect women. When this is done, the issue of women's access to health information provision is put on the national agenda and therefore becomes everyone's responsibility.

6.2.2 National health information policies

The creation of national health information policies is an important step that should be encouraged. A national health information policy sets the standards on what type of information should be provided; how it should be disseminated; to whom it should be disseminated; who is going to disseminate it; in what format should the information be packaged; and when the information should be provided.

Among the major benefits of having a national health information policy is that it would act as a guideline both to the decision-makers and the recipients of the

health information. It would provide librarians and information workers with a working framework to act as a guide to services that should be offered and how they should go about dispensing their duties. Women on the other hand would benefit because they would know who to go to if certain information services are not being provided.

6.2.3 Library co-operation

Libraries throughout their creation have always entertained the idea of sharing information resources. This venture has become increasingly more imperative as more and more libraries realise that they have to compete for the meagre resources from their own governments. More often than not libraries in Africa are at the bottom of their government's priority lists. Most African governments do not believe or still do not recognise that they need to fund libraries and information centres as adequately as compared to other sectors of the economy.

With such an operating environment there is a need for libraries and information workers to establish co-operative ventures to provide health information to women. Co-operative ventures should for instance include issues such as a shared collection development policy in order to reduce the duplication of materials. A prerequisite for such a policy would be an effective inter-library loan facility.

Modern developments in information technology have produced information delivery mechanisms that have made library co-operation even more feasible. It is

now possible for libraries to make their holdings available through various networks such as the Internet and thereby provide access to their collections. By making their holdings available through such networks, the sharing of information resources is enhanced.

6.2.4 Repackaging of information

Repackaging of information into a format that is easily adaptable and useable to the majority of women is also important. This is where the translation of documents that are in a foreign language become essential as it enables women to have access to health information in their own language.

Women should be encouraged to write their own stories and life histories that relate to health information. This would be most helpful, as other women would then be able to relate to most of the information and this would also ensure that their own cultural heritage is preserved. Efforts should be made to allow the women to publish these materials in their own languages so that it is understood by the women living in that locality. The case of the Zimbabwe's Women's Action Group that has been publishing on women's health issues in simple local languages is an example. This Non-Governmental Organisation has been translating English health books into local languages like Shona so that women who do not understand the English language could have access to the information. This would also help in the early diagnosis of symptoms (Pakkiri, 1998: Interview). This can serve as a stimulus to the women to form networks with other

women and exchange partnerships across the continent so that they can share in their experiences and materials.

Most important would be to record women's health information on video or audiotape format and thereby ensure that the majority of women who are illiterate have access to appropriate health information. This would also apply to recording women's health knowledge, albeit in story, song or dance, for song and dance has a particular impact, as it is the most powerful form of communication among women in Africa (Mandewo, 1997: Email).

6.2.5 Research and Development

Research and development pertaining to health and library information services should be an important item on the agenda. Studies on how women use health information, how often they use it, and in what context they use it would help information providers in formulating information services that are viable. Understanding the characteristics of the users and their information seeking tendencies should ensure a sustainable use of library and information resources.

Research and evaluation of information services would assist librarians to take informed decisions and suggest methods that effectively satisfy women's health information needs. Such research results should also be integrated with research from other health care sectors to render effective services.

Research has many benefits to any profession. Robson (1993: 15) has outlined the following cardinal benefits that indicate that research:

- Allows other professions to know what is being done in a particular profession and what they have been doing the past years;
- Gives direction and provides guidelines to the profession on the way forward;
- Clearly reflects past mistakes and indicates remedial steps that can taken in future so that the health information workers can see where they went wrong.

6.2.6 Health information curriculum

A long-term strategy for change is to produce library and information professionals who understand the information industry and are skilled at designing effective information service delivery mechanisms. A library school curriculum that provides for specialisation such as health information, is ideal as it enables students to specialise in the subject field that they are interested in. Such a curriculum that specialises in health information should not only focus on health but also give special attention to the needs of women as they have unique and peculiar health information needs (Ginwala, 1997: Email)

Library students that want to specialise in women's health information services should do field work both in health science libraries as well as in information centres. The experiential learning should be based in libraries and organisations that specialise in women's issues to enable them to obtain insight into women's health information problems.

6.2.7 African Women and health information literacy

Information literacy is a term that today is synonymous with the very existence of health information provision. It plays a very critical role in library and information services provision. The success of any library and information system depends on the ability of the users to acquire the skills to utilise it. The users should be empowered to be able to locate information from library and information centres.

According to Bruce (1996: 1) information literacy refers to the situation when one recognises the need for information and has the ability to locate, evaluate and effectively use the information needed. Information literacy skills should be part of health information policies. Health information literacy is therefore the ability of women to be able to realise when they have a need for health information on a particular health issue, know where or who has that information and how to use the information efficiently. It is also important that the women understand why they have a need for that particular item of health information, for then only will they link it to health problems that affect them in society.

However, the design and orientation of information literacy programmes has to be adapted to the needs of women in Africa. Such programmes must recognise the unique features of women on the continent, such as illiteracy, and whether they live in urban and rural areas. For instance, information literacy skills for women in the rural areas should put more emphasis on indigenous knowledge.

Traditional library retrieval skills that have been taught over the years to each and every new library user are not necessarily redundant. They now have to be supplemented with modern methods of retrieving information. It is now more than necessary to start teaching information skills from the time children start going to pre-school so that they are equipped with the essential skills to be able to navigate through the vast amounts of information that is being produced every day.

6.2.8 Information technology and access to health information

Information technology has now become a necessity in most organisations that need to perform better in terms of service delivery to their clients. Information technology should be used as a tool in accessing health information. However, for health information delivery to be more target specific to women in Africa, the information service should be innovative and adapt to changes in the way information is being handled. The way information is being handled and packaged is fundamentally different from the way information was being produced when librarianship first came into existence as a profession.

New types of information media, for instance CD-ROMs and other channels of communication like the Internet all necessitate that information workers change their approach to handling and managing information. If the information worker does not change to accommodate these new products, it becomes impossible for them to really help their users to derive the maximum benefit from the information in their libraries. The situation in Africa is particularly fraught with difficulty as in

many areas in Africa information workers do not have the skills or access to training in the new information technologies. The librarians and information workers in Africa, if they seriously wish to disseminate health information to women, should learn new skills in terms of delivering information through electronic methods. This further implies that African women would have to be trained to access and use health information contained in electronic media.

The major objective when introducing information technology to library operations is to improve the services that are being offered by the library. It is important to note that the application of information technology should respond to different environmental needs (Ochieng, 1995: 9). In Africa, this would be fundamentally different from those of Europe, as they would need to adapt to local conditions.

The Internet and other communication technologies now give the opportunity for people to access a wide variety of databases. Internet connectivity is very costly when done individually and if the fact that the majority of women are poor is considered, it places the facility far beyond their means. However, if a library for the community should subscribe to the Internet, it would cut down on the costs, as the people would be able to share in its use.

6.3 Women's health information service: a model

Having outlined the strategies that should be employed in disseminating health information to women in Africa, this section now proposes a model that

incorporates all the aspects that it is suggested a women's health information service should consist of. (See Figure 6.3 below).

1. First and foremost, the model indicates that the major factors that a health information service should consider are:

- **Sources of health information.**

Identifying the sources of health information for women is necessary if the information service is to be a success. The sources of health information as discussed in Chapter Five indicate to the health information provider who has, or what contains the information that African women are in need of as well as where and when it can be found. These sources of information for African women as identified (cf. 5.5) include medical authorities, peers and friends, relatives, books, radio and television programmes, Non Governmental Organisations, health centres and information found by means of information technology such as the internet.

- **Women's health information needs**

Analysing women's health information needs for health information provision furnishes the information provider with insight on what health issues the women are faced with. It also enables to outline the type of information and format of the information that should be disseminated to the women. These information needs as identified in Chapter Five are related to survival and reproductive health needs.

The survival information needs relate to information that arise out of people's living conditions such as environmental sanitation, and employment opportunities. Other information needs are related to women's reproductive health needs such as family planning, safe motherhood and those illnesses associated with physical and sexual abuse.

- **Geo-location of the women**

A knowledge of the geographical location of the women concerned is very important, as the type of health information delivery service that would be provided would be largely dependent on such information. An analysis of the geo-location as outlined in Chapter Five indicates to the information service provider what distances are involved, the condition of the roads, and the general infrastructural development of the area. All this information is necessary to plan the service effectively.

- **Timing of the delivery of the service**

The timing of the delivery of the service does determine the extent to which health information can be effectively disseminated. Since most of the women in Africa rarely are idle and have very little free time, the information providers should therefore coincide the provision of the information service with those times when they come back from the farms or from their occupational duties as indicated in Chapter Five. The importance of timing the delivery of the

information relates to the fact that gender differences that exist in society often determine the free time a woman has to utilise a health information service.

2. Secondly, the model further also indicates that:

- **both formal and informal channels of communication play an important role to ensure the effective dissemination of health information.**

The integration of formal and informal health information channels in the women's information service would ensure that the advantages of each category of channel would be incorporated, as well as counteracting the weaknesses of each category when disseminating health information as argued in Chapter Five.

- **Western and traditional information systems should both be integrated into the health delivery mechanisms.**

As indicated in 5.2.1, the importance of traditional information systems to women in Africa can not be over emphasised. However, as highlighted in 5.2.2, Western information systems offer certain advantages to women that are not found in the traditional information systems, such as having most of their information in a recorded format thereby making them easy to transport over long distances and retrievable at a later stage. The other advantage is that they can be preserved over a long period of time. Traditional information systems, although more trusted by the people as well as providing information that can easily be assimilated, are usually in an oral format thereby rendering them difficult to preserve. Of vital

importance to the women's information service in Africa is the integration of the two systems of information delivery.

3. **Thirdly, it is further suggested that if the women's health information service takes cognisance of the strategies to enhance women's health as outlined in 6.2, women's health on the continent would benefit and the development process accelerated.**

For example, the women's health information service should consider the following if they are to effectively and efficiently serve women on the continent:

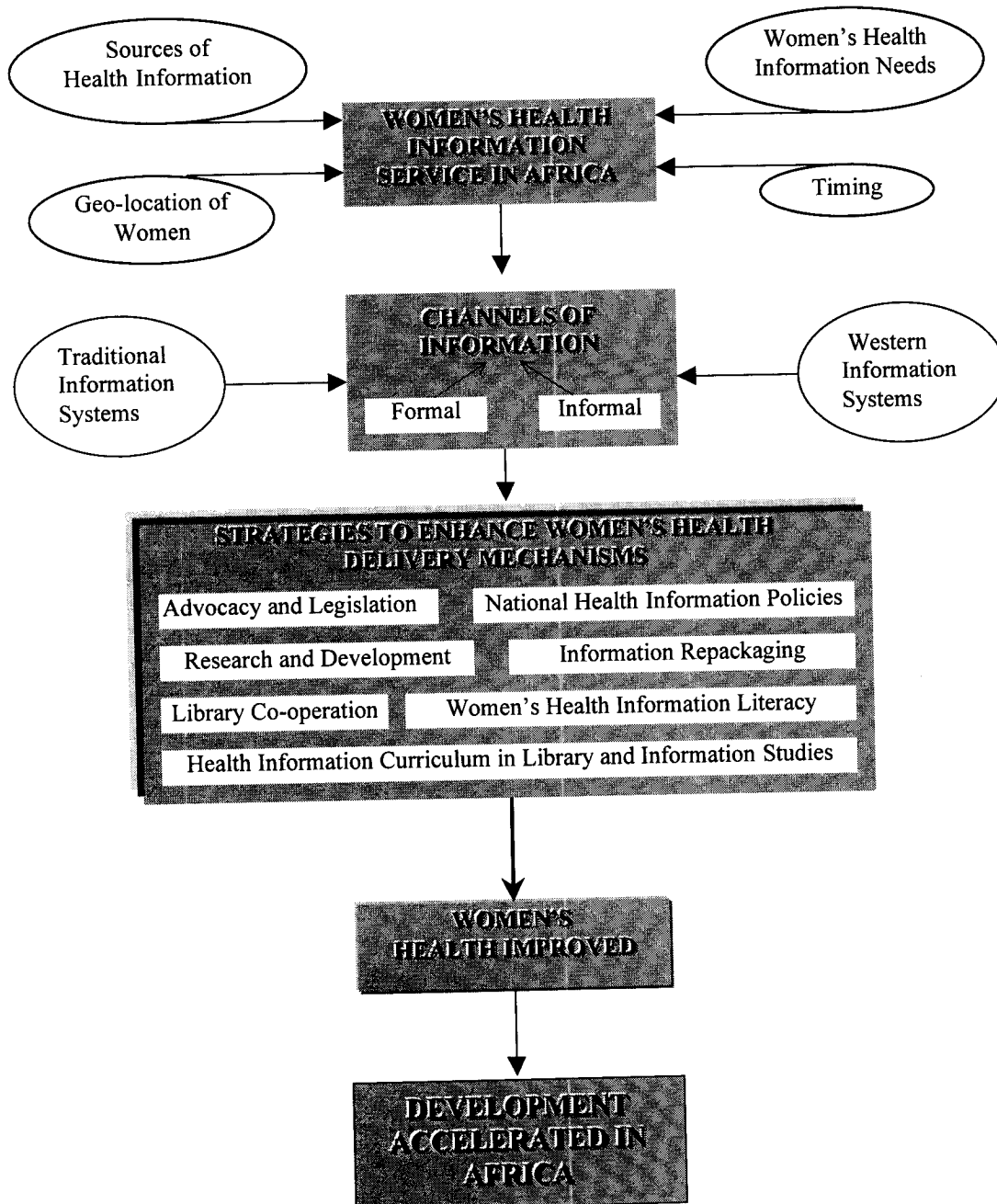
- advocacy and legislation,
- national health information policies,
- research and development,
- information repackaging,
- library co-operation,
- women's health information literacy, and;
- health information curriculum in library and information studies

The above-enumerated strategies would however not be successful in disseminating health information to women unless they were utilised in conjunction with other aspects of the model such as knowledge of the sources of information, women's health needs, geo-location of the women as well as timing of the delivery of the service. The researcher further argues that the

integration of traditional and western information systems containing both formal and informal channels of health communication, is a prerequisite to the effective dissemination of information.

Figure 6.3

Women's health information service: a model



6.4 Summary

This chapter has shown that libraries and information users in Africa now more than ever require to work together in order to meet today's challenges. Library and information centres have to adapt to achieve a more "service oriented information provider" environment, as library users will demand that information be available to them despite costs and distances.

Knowledge of the health information needs of women is very important for the library or information centre as it enables them to deal with both actual as well as latent information needs. Appropriate ways of trying to reach the needs of women should be sought and implemented, with the involvement of the whole community.

Libraries and information workers should take a more proactive role in order to meet the health information needs of women by adopting the strategies to enhancing women's health as advocated by the model as outlined in Figure 6.3.

CHAPTER SEVEN

Conclusions and Recommendations

7.0 Overview

This study set itself out to establish the relationship between information, women's health and development, and to develop a model on how best to provide information likely to affect women's health in a positive way so as to enhance development in Africa. Subsequently, the study objectives were founded on the questions: whether the provision of relevant health information can effect change in women's health; whether there is causality between gender inequity and women's access to health information; what are women's health information needs in Africa and whether there is a relationship between women's health and development.

The study used a qualitative multi-method approach and employed three data collection techniques namely: documentary research, personal interviews and electronic mail questionnaires. The analysis of data also followed qualitative research analysis, which consisted of the integration of information from the personal interviews, and electronic mail questionnaires and contrasting it with the authors formed opinions resulting from an investigation of documentary sources.

7.1 Conclusions

The study's findings according to the aims and objectives of the study will be enumerated below under each particular objective so as to ascertain whether the objective was achieved.

- **Status of women's health in Africa**

The results of the study indicate very low health levels for women in Africa as compared to that of women in the other continents such as Europe, Asia and both the Americas (cf. Chapter Three). These low levels of health amongst African women are a result of lack of information, economic factors, political factors, education and literacy, environmental factors, social position of women and factors related to gender based violence. The study has identified that these factors are linked to the fact that women's economic contributions to development have largely been ignored.

- **Relationship between women's health and development**

The study also shows that women's health and development are inextricably linked, in the sense that without the one the other cannot exist (cf. Chapter Four). Development's impact on health is immense, for without development, instituting effective health care programmes becomes almost impossible. Health on the other hand affects development because without a healthy population, development cannot take place.

- **Causality between gender inequity and women's access to health information**

The study has established that societal gender inequalities have a great impact on women's access to health information. This, according to the findings of the study as indicated in Chapter Five, is due to the fact that most of African society is highly patriarchal and the question of who has access to information revolves around the issue of who has the power to make decisions that govern the whole society. The study found that in Africa the numbers of women in decision making positions was very low in relation to the numbers of men.

- **The effect of the provision of relevant health information on women's health**

The recognition of information as the key to the transformation of women's health has been highlighted in the study (cf. Chapter Four). This recognition should take place at two levels; namely individual and national levels. At the individual level, it is to empower women with the necessary knowledge and information skills about their health and that of the community. At the national level, health is important in feeding information into national policies as well as in the implementation of health services. For without providing the correct and appropriate health information at the right time, health development and planning stagnate. If health development planning is done without the right health information it will be misdirected and will not benefit the majority of women. This also applies to the implementation process because a health development

provision plan needs direction as to why, by whom, when and how the health care services are going to be administered.

- **African women's health information needs and their communication patterns**

The study further shows the importance of analysing women's health information needs. In this respect the study has indicated in Chapter Five that the successful implementation of health information systems necessitates dealing with both the actual and latent information needs of women. It is important to note that achieving a situation where women are more informed about afflictions that befall them requires that they have greater access to impact oriented health information. This entails that the women are empowered to participate in the health information dissemination services.

- **Sources of health information for African women**

Sources of health information for African women were outlined in the study in Chapter Five. The most frequently used sources of health information for women were friends and relatives. Other sources of health information are medical authorities, books, radio, television, non-governmental organisations, health centres and information found by means of information technology such as the Internet and CD-ROMs.

- **The way health information is disseminated**

The study has argued that although information is intangible and difficult to measure as indicated Chapter Five, it is nevertheless very important in sustaining women's health. Information would act as a change agent to women who recognise and are aware that they have a need for it. However, this information must be provided to women in a form that is easy to access and assimilate so that all women no matter what their level of education and literacy can derive benefits from it.

- **Obstacles women face in accessing health information**

The study consequently recognises inherent limitations of providing health information to African women. The reasons why women are unable to access health information are (See 5.7): low levels of education and illiteracy; poor communication methods; inadequate financial resources; inappropriate health information; lack of libraries and information centres; lack of communication skills amongst librarians and information workers; wrong timing in the dissemination of information; as well as the fact that most information centres are urban based.

- **Strategies to improve women's health information systems**

The study identified strategies in Chapter Six, that the researcher suggests would greatly benefit women if they were implemented. The strategies identified are:

- ♦ Advocacy and legislation to sensitise society on the importance of health provision to women;
 - ♦ National health information policies to guide the provision of women's health information services;
 - ♦ Research and development to highlight the problems associated with health information provision to women and also to identify strategies of health information provision that would render the service more effective;
 - ♦ Information repackaging to provide women's health information in a format that would enable the women to access and assimilate the information easily;
 - ♦ Library co-operation and a policy and plan to work together with other organisations so as to benefit women;
 - ♦ Women's health information literacy to enable women to take advantage of the health information that is provided; and,
 - ♦ Changing the health information curriculum in library and information studies schools so as to match the current information health information needs of women on the continent.
-
- **Develop a model outlining a women's health information system**

The model that was developed in this study tried to resolve the obstacles that would be faced by any information provider that wishes to develop a health information service. It recognises the differences in geo-location of women, in

their varied information needs, and the numerous sources of health information that were identified. The model highlights how traditional as well as western methods of health communication should take cognisance of both formal and informal channels of communication. The model lastly suggests that to enhance women's health in Africa, the strategies of advocacy and legislation, national health information policies; research and development; information repackaging; library co-operation; women's health information literacy and a change in health information curricula should be adopted.

In the final analysis one should in the words of Mathai (1997: Email Discussion Group)

“be articulating strategies that will utilise information and communication technologies to provide the user with ‘information’ in whatever format. Let the print float among the other technologies, but let us not get stuck with emphasis on the print even when it may be the ultimate choice³, be open and talk information not the carrier”

7.2 Recommendations

The recommendations below arise from the observations and analyses made from the study. These recommendations are based on the critical areas of health information provision the study identified. It is in this context therefore, that the following interventions are proposed:

1. Ensuring gender equity in access to education.

Governments should implement policies that favour equal access to education for all members of society regardless of gender so as to afford girl children the opportunity to learn. Such policies should ensure

- Women's Bursary schemes. This is to counteract situations where parents give preference to boys to go to school as opposed to girls when they are in financial difficulties.
- Change of cultural values to the extent that society encourages the success of all children in school as opposed to boys only.

2. Raise the health information awareness of women in society

Raising the health information awareness of women in society is very important.

However, this does not mean that women's health information needs should be a concern for women only, but rather it should be a concern for all members of society. This awareness can be achieved by means of the following ways:

- Mobilise civil society to recognise the importance of information to women's health by contributing towards the provision of health information.
- Formulation of national health information policies that specifically addresses women's health issues.
- Emphasis should also be placed on health information literacy for all.
- These policies should be linked to national gender and health policies.
- Ensure equal participation of women in the health information policy formulation process.

3. Participation of women in the information industry

The participation of women in the information industry can be advanced by:

- Establishing programmes aimed at ensuring women's control over the acquisition, organisation and dissemination of health information for women.
- Drawing up programs that aim at eliminating prejudices and traditional practices that limit women's access to information.

4. Promotion of research that links women's health to information

The areas that require priority attention according to the study are:

- Comparative studies of health information needs and sources of health information between women in urban areas and those living in the rural areas.
- Appropriate health information delivery mechanisms.

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APPENDICES

APPENDIX A

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APPENDIX B

SAMPLE OF ELECTRONIC MAIL QUESTIONNAIRES

To: "shebo@agi.uct.ac.za" <shebo%agi.uct.ac.za@f2.n7211.z5.fidonet.org>
From: patrikios <patrikios@healthnet.zw>
Reply-to: patrikios@healthnet.zw
Date: Tue, 30 Sep 97 13:48:48 +0200
Subject: Hello

On Sep 30 08:49, shebo@agi.uct.ac.za wrote:

> From: "Christine W. Kanyengo" <shebo@agi.uct.ac.za>
> To: patrikios@healthnet.zw

> Name.....

Helga Patrikios

> Job title

Medical Librarian, Deputy University Librarian

> 1. Does information have an impact on women's health?

Of course!!!!

> 2. What are the major health problems faced by women in
> Africa?

Reproductive tract, Sexually transmitted diseases particularly
AIDS; malaria, schistosomiasis (in Zimbabwe)

> 3. What would be the major obstacles to women in having
> access to health information?

Lack of access to print information at
an appropriate level; lack of good community health workers; lack of local
facilities for health promotion, health education; lack of access to
radio programmes about health

> 4. Where do you think most women get information on health
> issues from?

Their mothers and other relatives, friends; midwives; village health worker;
newspapers?

> 5. Does literacy play a role in women's health?

Of course. Literate mothers are known to raise healthier children. Literacy
and other socioeconomic factors are the keys to everyone's health.

> 6. What role would information technology play in
> disseminating health information?

Not much yet for grassroots women. For disseminators of info ICTs now play a
very important, even vital role.

>

> 7. What key health information needs areas are covered by our

> organisation?

Don't know. "our" being *Your* organisation??

Our organisation provides information for students and staff of the Medical Faculty and other departments of the University. It is also national focal point for any and all of Zimbabwe's health professionals; its resources and services are available to them - book loans, journals (a rapidly shrinking number - about 100 now) - a quarterly digest of MEDLINE abstracts; copies of journal articles via Inter Library Loans, MEDLINE searches from CD-ROM, reference inquiries, Internet about to be connected.

> 8.How do you identify and gather the information?

We select the books, journals, databases, listserves and print sources which are appropriate to the needs of the users listed above

> 9. What methods do you use for disseminating the
> information?

Direct access, mail, telephone, email, printed digest

> 10.which one of theses methods are very effective?

email - but it is still little used to disseminate information, since the demand from healthworkers outside HARare is low. There was NO activity on a local Women's list serve. There is need first of all for more PCs to encourage use of email by health professionals. Then there re should be encouragement and promotion of women's health listserves. These may be available now, but I have not come across them.

> 11.What major problems or constraints do you face in
> delivering information to women?

Lack of demand ...

> 12. Is there a role for libraries in delivering health
> information to women in Africa?

There should and could be. We are very willing to have women who are not health professionals make use of our resources. See no 13

> 13.Any other comments

Those who are involved in health education/promotion and community medicine would have to adapt the information available in this library and repackage it to provide appropriate print sources for less literate/less educated women. The level of information generally provided here is not appropriate for community healthworkers' use without repackaging. We do not have either enough space, seating or funding to extend the use of this library to make it into a resource for non-professional non-student women.

May I suggest you contact my colleague Mrs Devi Pakkiri, another Deputy Univ Librarian at UZ, who is much involved in a Women's Action Group Health Centre in Harare. Her address is dpakkiri@uzlib.zw

Best wishes
Helga

patrikios@healthnet.zw

Helga Pariokios, Deputy Librarian, Medical Librarian,
University of Zimbabwe, P.O.P.O.Box M.P., 45, Mount Pleasant
Harare, Zimbabwe Tel 263-4-791631 Fax 795019

APPENDIX: C

SAMPLE OF QUESTIONS FOR THE INTERVIEWS

1. Name
2. Educational qualifications
3. Age
4. Marital status
5. Type of work
6. Residential area
7. What are the most common diseases experienced by you and your family
8. Where do you get information regarding diseases like AIDS, Cancer, Malaria etc?
9. What kind of information in relation to your health would like to have?
10. What health information services do you think should be provided to women?
11. Is the health information you get from medical authorities and institutions adequate?
12. What major obstacles do you face when looking for information on the illnesses that affect you and your family?
13. Would you like an information centre that contains information on women's health issues to be established?

**Appendix D: List of individuals and organisations contacted through
Electronic Mail questionnaires (1997)**

Irlam, James H.
Maternal and Child Health Information and Resource Centre,
Cape Town
South Africa

Salma, Ginwala.
Zambia association for Research and Development
Lusaka
Zambia

Patriokis, Helga.
University of Zimbabwe Medical Library
Harare
Zimbabwe

Usman, Hajara.
Baobab Women's Law Centre
Lagos
Nigeria

Nkebukwa, Anna K.
Univeristy of Dar es Salaam
Tanzania

Ramudny, Vishal.
HealthLink,
Durban
South Africa

Mandewo, Jean.
Zimbabwe Women's Resource Centre and Network
Harare
Zimbabwe