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Health-information-seeking behaviours of Gwanda Rural Communities during the Covid-19 pandemic

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Abstract

This study was conducted to examine the health information-seeking behaviour of the Gwanda rural people in the wake of the pandemic. Wilson's (1981) information-seeking behaviour model guided the study's objectives, which included identifying health information needs, information sources, information access barriers, and information uses. The study utilised a qualitative research approach. A case study research strategy was used to understand the health information-seeking behaviours of Gwanda rural dwellers in a time of the novel coronavirus (COVID-19) pandemic. Using non-probability sampling techniques, a suitable sample was drawn from Gwanda rural communities, Edward Ndlovu Memorial Library community workers (ENML), and Village Health Workers (VHWs). The respondents' data was gathered through focus group discussions and semi-structured interviews. During the COVID-19 pandemic, the people of rural Gwanda exhibited unique information-seeking behaviours, influenced by their diverse information needs. To fulfil these needs, the Gwanda communities preferred information sources that relied on word-of-mouth, such as village health workers, broadcast media (radio), and family/friends. The challenges in accessing information were attributed to the lack of Information and Communication Technologies (ICT) infrastructure and the digital divide, as COVID-19 information was primarily available online. Despite these access barriers, the Gwanda communities utilised the COVID-19 information they had obtained in various ways, including preventing illness, deciding how to seek care, and recognising disease symptoms. The study brought attention to Zimbabwe's rural dweller's health- information-seeking behaviours as they were often overlooked during the COVID-19 pandemic.

Keywords: *Health Information Seeking Behaviour, COVID-19 pandemic, Information seeking in rural areas.*

Introduction and Background

During a pandemic, more than in any other public health situation, timely access to health information plays a critical role in dealing with the anxiety, misinformation and disinformation associated with the pandemic. Unfortunately, Gwanda rural communities faced limited access to information when Edward Ndlovu Memorial Library (ENML) had to halt its services due to the novel coronavirus (COVID-19) lockdown restrictions. In this regard, the communities were deprived of one of the greatest weapons in any health crisis: access to information, facilitating informed decision-making. It is important to note that Gwanda rural communities constitute a significant portion of Gwanda District compared to Gwanda urban areas. As information became readily available through the internet from the onset of the COVID-19 pandemic, Gwanda rural communities encountered several obstacles that hindered access to information. These obstacles included poor road networks, limited healthcare workers, inadequate health facilities, and a lack of information and communication technology (ICT) infrastructure. It is important to recognise that this situation is not unique to Gwanda, but rather a common characteristic of rural areas in Africa.

According to Leath et al., (2018) and Ogunkola et al., (2020), rural areas in Africa are characterised by poor information access, infodemic and poor health literacy as they have limited access to the media and very few persons have devices and gadgets that provide media content. Communities that are served by the ENML had limited access to information during the COVID-19 pandemic as the Library was closed and much of the material on COVID-19 pandemic flooded the media. Atighechian et al. (2021) contend that the challenge during the COVID-19 pandemic was that information was being produced and disseminated by various individuals and organisations resulting in information overload, which had a ripple effect in that it can save (by raising public awareness) or destroy lives (by causing anxiety and panic among the public). As a result, the COVID-19 pandemic was marked by a great deal of ambiguity about what the disease was all about, how it spreads, and how it could be stopped and treated. Gwanda rural communities were in desperate need of health information on the pandemic. Ankamah et al. (2021) opine that COVID-19 has caused apprehension in people, pushing them to seek more information about COVID-19 through various strategies to stay safe and prevent contracting the disease.

Zimbabwe recorded its first COVID-19 case on the 21st of March 2020 (Chronicle, 2020), after which the cases spread at alarming rates throughout the country. As COVID-19 was spreading,

individuals were bound to adopt particular information-seeking behaviours, that is, their information needs, information seeking strategies, and information in the context of COVID-19. According to Wilson (1999, 2000), information-seeking behaviour includes those activities a person may engage in when identifying their own needs for information, searching for such information in any way, and using or transferring that information. Scholars studying information-seeking behaviour in the field of library science concur that knowing user information-seeking behaviour is vital for developing information policies, library collections, upgrading facilities and improving services to effectively meet user information needs (Moodley, 2013). Information-seeking behaviour is exhibited by individuals and groups in a variety of contexts (Anwar, Al-Ansari & Abdullah, 2004; Ijiekhuamhen, Edewor & Emeka-Ukwu, 2016) one of which is in the health sector, which gives rise to the concept of health information-seeking behaviour (HISB).

Seeking health information is important to facilitate evidence-based decision-making for both health professionals and patients (Ankamah et al., 2021). Researchers studying health information seeking behaviour mainly focus on identifying information needs; information sources; and seeking strategies or information searching strategies as well as challenges faced in seeking and accessing information (Salman, Ahmed & Khan, 2013; Lambert & Loiselle, 2007; Mills & Todorova 2016; Gavgani, Qeisari & Jafarabadi 2013).

Health information-seeking behaviour during the COVID-19 pandemic was crucial to explore because there was a lot of information about COVID-19 disease (Roselina, Asmiyanto, & Andriany, 2021). Gwanda rural communities' health information-seeking behaviours were studied using Wilson's Model of Information-seeking behaviour (1981), which has been used to understand information-seeking behaviour in some studies (Mohammed & Garaba, 2019; Kundu 2017; Sibanda, 2017; & Maisiri, 2006). According to Wilson's model of information behaviour (1981), information-seeking behaviour comes from a need perceived by an information user, who to meet that need, places demands on formal or informal information sources or services, which results in success or failure to access information, leading to use or non-use of information obtained (Wilson, 1999).

Dutta (2009) examines the context of information seeking behaviour research, and points out that only a few studies have been conducted on the information-seeking behaviours of individuals in developing nations, particularly in rural areas. This trend was noted during the COVID-19

pandemic, studies on health information-seeking behaviour in developed and developing countries focused on urban populations (Omosekejimi & Oyovwe-Tinuoye, 2020; Ankamah et al, 2021; Ashrafi-rizi & Kazempour, 2020; Roselina, Asmiyanto, & Andriany, 2021). This study attempted to cover this gap, by assessing health information-seeking behaviour among Gwanda rural population.

Research objectives

The objectives of the study were as follows:

- To identify the COVID-19 information needs of Gwanda rural communities;
- To determine the sources of COVID-19 information available in rural Gwanda communities;
- To understand the challenges faced by Gwanda rural communities in accessing COVID-19 information; and
- To ascertain COVID-19 information use among Gwanda rural communities.

Literature review

Since the onset of the COVID-19 pandemic, a significant body of work has been conducted on health information seeking behaviour with the focus placed on the urban population with internet access (Omosekejimi & Oyovwe-Tinuoye, 2020; Ankamah et al, 2021; Ashrafi-rizi & Kazempour, 2020; Roselina, Asmiyanto & Andriany, 2021). A study conducted by Ashrafi-rizi and Kazempour (2020) found that health challenges caused by COVID-19 could be solved or reduced to some extent by providing the right information, at the right time and to the right audience. Ankamah et al. (2021), in their study of information needs and information-seeking behaviour among library users in the College of Health Sciences library found that most users sought for health information to gain a better understanding of the causes, severity, and prognosis of the COVID-19 disease. Additionally, most respondents demonstrated that their main source of health information during the COVID-19 pandemic was the internet followed by medical databases, and that challenges encountered in seeking health information related to poor internet connectivity followed by lack of time and inadequate library resources. In rural areas, as observed by Sibanda (2017) travelling long distances to access health service providers plus poor infrastructure impedes information access.

Omosekejimi and Oyovwe-Tinuoye (2020) explored the COVID-19 information seeking behaviour of health practitioners in the Delta State region, Nigeria. The findings revealed that sources of COVID-19 information comprised of internet, World Health Organization (WHO) website, daily newspapers, the Nigerian Centre for Diseases Control (NCDC) website, Network News and colleagues (medical doctors) from other states. The study highlighted that the major use of COVID-19 information by respondents was to identify COVID-19 symptoms; to know the isolation/quarantine procedure and practice for COVID-19 patients; to know COVID-19 treatment procedures and to know the drug dosage for the treatment of COVID-19 patients. Omosekejimi and Oyovwe-Tinuoye (2020) concluded that lack of access to library resources on COVID-19; poor power supply in the Delta State region and too many sources of COVID-19 information were the barriers to COVID-19 information seeking and access among the medical doctors in the Delta State region.

The need for information on the COVID-19 pandemic came with new challenges affecting access to information. Misinformation and disinformation have been identified as the main challenges to information access to during this pandemic (Vanderslott, 2020). Agyemang-Duah, Arthur-Holmes, Pephrah, Adei, and Pephrah (2020) studied the dynamics of health information-seeking behaviour among the elderly with very low incomes in Ghana. The findings of the study identified inadequate knowledge about the benefits of seeking health information, perceived poor attitude of health workers/healthcare providers, and communication/language differences problems were the challenges blocking the elderly from effectively accessing health information. Vanderslott (2020) raised the issue of fake news about COVID-19 as another challenge in information access.

Gasasira, (Nations, 2021), contended that COVID-19 was a serious health crisis and that in a crisis, people get scared, they seek for information to stay safe. At the same time, a lot of rumours and half-truths get spread around. That is why false messages and videos were circulating on social media and unfounded theories about how the virus was being transmitted. United Nations Information Centre (UNIC) Harare (2020) summed this well in their report titled *Zimbabwean Journalists Get the Story Straight on COVID-19*, as they noted that we are facing not only a health crisis but potentially an information crisis.

Health information can be defined as recorded information in any format, oral, written or electronic (Chukwuyere et.al, 2020). An individual's access to health information especially is considered

one of the ways of minimizing the social and economic impact of preventable and non-preventable diseases and illnesses (Aryee, 2014). Within the context of health, information need is perceived to represent a gap or knowledge deficit that could be rectified by information and/or education. A simplistic explanation offered by Timmins (2006) specified an information need as what the client needs to know. Matingwina (2015) states that health information needs have been linked to circumstances in which people find themselves in. Threatening situations or diseases such as the COVID-19 pandemic therefore stimulate the need for information.

Uhegbu (2001) contends that information distribution empowers people and encourages cooperation, behaviour adjustment, confidence building and elimination of some of the cultural constraints to their awareness and participation. Similarly, Musoke (2005) posits that rural areas need health information to influence change in perceptions towards their health, and there are various sources in which information is availed to rural areas. However, rural dwellers encounter barriers to accessing information as highlighted by Murugathas, Sritharan, and Santharoban (2020) who studied health information needs and seeking behaviour of pregnant women attending antenatal at Jaffna Teaching Hospital. The findings of the study revealed that the non-availability of relevant information, language barriers, the financial status of the family, educational level, and attitude of health professionals were identified as the challenges that militate against the access and use of health information by pregnant women.

Theoretical framework

Wilson's (1981) model outlines various areas covered by what he proposed as information-seeking behaviour. According to Wilson (1999):

Information-seeking behaviour arises as a consequence of a need by an information user, who, in order to satisfy that need, makes demand upon formal or informal information sources or services, which results in success or failure to find relevant information. If successful, the individual then makes use of information found and may either fully or partially satisfy the perceived need – or fail to satisfy the need and have to reiterate the search process.

This model was used because of its extensive discussion of all aspects of information behaviour such as the needs, sources, challenges, and use of information, which are the focus of this study in

the context of the COVID-19 pandemic. Bawden (2006) stated that Wilson's (1981) model is particularly useful as it provides a clear and simple representation of the relation between users' information behaviour, information seeking and information retrieval. The model has been adopted by different scholars studying information behaviour due to its comprehensive and clear sequential nature in the process of information behaviour (Mohammed & Garaba, 2019). Savolainen (2007) opines that information behaviour is understanding the way people look for relevant information that can be used in different contexts. Context, as defined by Case (2002), is the precise combination of person and situation that helps to frame research. In this regard, Wilson's model has been used in various contexts such as studying information behaviour of students and academic staff in higher learning institutions (Maisiri, 2006; and Sibanda, 2016). In the context of the health crisis due to the COVID-19 pandemic, the model offered the researchers a general map of information-seeking behaviour which was beneficial as it was not looking into deeper specific components of health information behaviour. Hence, the study was centred on finding information needs, sources, challenges, and uses of information in the COVID-19 pandemic era.

Methodology

The study employed a qualitative approach. This approach was suitable as it allowed for a deeper understanding of the subject matter, which dealt with the subjective experiences and perspectives of the respondents, expressed in the form of language rather than numerical data (Silverman, 2013). Furthermore, the qualitative research enabled the investigation of the day-to-day experiences and behaviours of the research participants, rather than relying on laboratory settings (Creswell, 2009). The qualitative approach was appropriate for this study because it facilitated an in-depth exploration of the social world, as stated by Creswell (2009). This was particularly relevant as there was limited prior research on health information-seeking behaviour among rural dwellers during the COVID-19 pandemic. Health information-seeking behaviour is a social phenomenon that cannot be fully captured through statistical means and requires an understanding of the perspectives and experiences of the rural dwellers during the pandemic.

The target population comprised Ward 14 rural dwellers aged 18 years and above, village health workers, and ENML community workers. Community workers are responsible for supervising study circles in their areas, and village healthcare workers are key sources of health information. Purposive sampling was used to select one EMNL community worker and three VHWs in Ward

14, for semi-structured interviews. Convenient sampling was employed to select 10 rural dwellers to participate in focus group discussions. Before data collection, the researcher sought permission from Gwanda rural district authorities and explained the purpose of the study. The interview questions were prepared in advance, and the focus group discussions were conducted first, followed by the key informant interviews with the ENML community workers and VHWs. The data collected was strictly limited to the study objectives, which aimed to understand health information-seeking behaviours during the COVID-19 pandemic.

To ensure the credibility and trustworthiness of the study, the researcher employed member checking to verify the accuracy of the data. Key informants were asked to review the transcripts of the dialogues in which they had participated. Additionally, the researcher sought peer scrutiny before going to the field, which helped determine the appropriateness of the data collection instruments and ensure that the intended information would be collected.

The data analysis process involved structuring and organising the vast volumes of data, guided by the themes generated from the four main research questions of the study.

Results and discussion

Results and discussion follow the pattern of objectives presented in the background section of the paper.

COVID-19 health information needs of the Gwanda rural community

The findings indicated that the COVID-19 information needs of Gwanda rural community members were COVID-19 prevention, ways of seeking medical help in the pandemic era, and government policies on COVID-19. Further, the information needs were measures to curb the spread of the disease, symptoms of COVID-19, COVID-19 spread, orthodox or herbal treatment for COVID-19, statistics of active cases, discharged cases as well as fatalities brought about by COVID-19. The VHW asserted that:

I need to know about effective preventative strategies so that I can protect myself, but most importantly to protect my community through teaching them how to properly follow the set preventative strategies, for example I have been involved in teaching people how to properly wear a face mask.

This observation corroborates findings from Statista (2020) which revealed that the respondents require information on policies on COVID-19, the risk to health, symptoms, and COVID-19 information in general. Findings from this study indicate a shift from the initial perspective on the information needs of rural populations, as reported by Adeyoyin and Oyewusi (2015). Their study found that the majority of respondents in rural areas identified nutrition as their primary health information need. Therefore, the findings of the study show that during a pandemic, rural communities prioritize information on the specific health threat they are facing. This finding can inform targeted communication efforts to address the evolving needs of rural populations during public health emergencies

The study found that most rural dwellers needed information to do with traditional/herbal treatment of COVID-19 disease. The same findings were also recorded in a study carried out in Nigeria by Efe (2020). According to Mackworth-Young et al (2021) Zimbabwe, like many countries in sub-Saharan Africa, has an under-resourced healthcare system with rural areas generally having a few clinics which are also short-staffed. Tsehay (2014) found that due to lack of health facilities rural dwellers in Ethiopia resorted to herbal/traditional treatment methods as evidenced by many having home deliveries, child birth. During the COVID-19 pandemic, rural dwellers also resorted to looking for herbal/traditional ways of treatment because of limited health facilities and the high cost of accessing health care. Thus, the respondents' information needs were influenced by their environment which did not have adequate health care facilities making them look for alternative information from traditional/herbal treatments.

Source of COVID-19 information among Gwanda Rural Community members

The findings of the study confirm existing research on information sources in rural areas (Sokey & Adisah-Atta, 2017; Nwagwu & Ajama, 2011) by identifying family members/friends, mass media (radio, newspapers), traditional healers, and healthcare providers as key sources for the Gwanda Rural Community (GRC). The study revealed that rural dwellers prefer using VHWs as a trusted second source for information, consulted after family, friends, or radio. One participant said:

The health extension workers are my favourite sources of information. Previously, I had no one to consult who had health knowledge. But now I can go to them and consult on health issues. For me they are the preferred one (translated from vernacular).

This expands on Sokey & Adisah-Atta's (2017) findings by highlighting the role of village health workers in clarifying or verifying health information received through other channels. This resonates with Cochrane's (2020) point regarding difficulty in evaluating information trustworthiness, suggesting a two-stage process where informal sources spark initial information gathering, followed by seeking validation from trusted healthcare professionals.

Furthermore, the study sheds light on the critical role of NGOs in disseminating COVID-19 information in rural areas, aligning with Kassim and Katunzi-Mollel's (2017) research on NGOs delivering health education in Tanzania. The NGOs supported people with various life assistance programmes, hence they used their official mandate to deliver information to rural people. This reinforces the importance of NGOs as an information source, particularly for geographically isolated communities.

Challenges faced by the Gwanda rural communities in accessing COVID-19 information

The study sought to identify challenges that GRC members faced in accessing COVID-19 information. It is clear from the findings that the challenges that militated against the access to COVID-19 information by the communities included too much fake news about COVID-19, too much contradicting information on COVID-19, communication/ language barriers, government policies on COVID-19 were not adequately publicised, information overloads on COVID-19 pandemic, insufficient power supply and poor ICT infrastructure. These findings are the same as those of Efe's (2020) study of COVID-19 in Delta North, Nigeria.

At the centre of the challenges faced in accessing COVID-19 information among communities was information overload which led to concerns about trust in information received. Trust was a significant concern raised by respondents, as they lacked confidence in the information they received about COVID-19, which was disseminated by different sources and often contained conflicting statements. Consequently, GRC members avoided seeking COVID-19 information altogether to avoid information overload and confusion, a behaviour observed in other studies

exploring information needs and seeking behaviour in various contexts (Murugathas, Sritharan & Santharooban 2020; Saleh & Lasis 2011; Ugboma 2010). Ignorance, as used in these other studies, refers to the state in which people choose not to seek information due to various reasons.

Another challenge to information access on COVID-19 is that of limited numbers of healthcare professionals. In rural Gwanda, there is a shortage of healthcare facilities and healthcare professionals making it difficult for people to access health information. This is because this group of trusted sources is not readily available. The use of extension/village health workers proved to be less effective during this COVID-19 pandemic as some villagers view them as lacking the necessary qualifications to be trusted healthcare professionals. One health worker lamented, “some people think that by being a village health worker, I can not avail information to do with COVID 19 as they believe that am less qualified to do so than nurses and doctors” (VHW). However, these findings are in disagreement with those of Agyemang-Duah (2020) who found that in Ghana health extension workers were regarded as trusted sources of health information due to their close proximity to health care professionals.

Through examining highlighted challenges in detail and their impact on information-seeking behaviour, this study offers valuable insights for developing targeted communication strategies that address information overload, build trust in reliable sources, and leverage the potential of village health workers (with proper training and community engagement) in rural healthcare communication in pandemics.

COVID-19 information use in Gwanda rural

Seeking information and using information during the COVID-19 pandemic has been increasingly documented in studies. Most of the studies indicate that individuals sought and used the information to keep abreast of the current news on COVID-19, prevention strategies, to understand how to seek medical help in the pandemic era, to know the progress of the COVID-19 vaccines’ experimentation and set government policies (Efe 2020; Agyemang-Duah 2020; Statista 2020; Vanderslott 2020). The information seeking and use of Gwanda rural community members seem to support the aforementioned uses of information in the era of the COVID-19 pandemic. GRC members used the information to prevent themselves from contracting COVID-19, to understand how to seek medical help and also how to cure themselves of COVID-19. Village heads as leaders, VHWs as health specialist, and ENML community workers as information specialist used the

information they got on COVID-19 to teach community members on preventative strategies, symptoms of COVID-19 and ways to seek medical assistance among other things. One participant noted, *“I use information to keep myself updated on new developments pertaining to COVID 19”*. Another participant revealed that *“I use information to raise awareness to my community members”* (ENMLW). Looking at these information use patterns within the Gwanda rural community; the study provides valuable insights for developing effective communication strategies that empower both community members and local leaders/healthcare providers during future pandemics/public health emergencies.

Conclusion

Gwanda rural people followed distinctive behaviours when seeking health information, as they were influenced by different information needs that included an urge to know about COVID-19 breaking news, treatment options, and prevention strategies. It was apparent that the ability to get information by word of mouth influenced the communities’ preferences of information sources to address their information needs; these include the broadcast media (radio), local leaders, family/friends, and community health workers. Among these sources which transmit information by word of mouth, Village health workers are recognised as a valuable source of health information, which many people utilised to get and also validate health information which they already had. Village leaders in Gwanda rural also played a part in distributing information about COVID-19, especially relating to government measures such as travel restrictions. The majority of rural populations did not consult internet/e-resources concerning COVID-19 information due to a lack of ICT infrastructure and the digital divide. According to the study, rural communities used the information they got in a variety of ways, including assuring illness prevention, choosing how to get a cure in the event of an attack, and recognising disease symptoms. Village leaders, VHWs, ENML community workers and those with access to broadcasting services played the role of teachers transmitting the information they had received to other community members, thus rural dwellers share information among themselves.

Focusing on Gwanda's rural area, the study explored how rural dwellers seek health information, shedding light on Zimbabwe's broader rural health information landscape. As rural communities grapple with a pandemic, rural dwellers need information on prevention and treatment strategies for the disease, as well as keeping up to date with general news surrounding the disease. Therefore,

public health information must address these specific needs to ensure everyone has access to critical knowledge. In accessing health information, rural dwellers prefer information sources which use word-of-mouth like VHWs, local leaders, and radio broadcasts. Equipping rural dwellers, local leaders, and village health workers (VHWs) with fact-checking skills is crucial to combat misinformation. The study found that one trait rural dwellers use the information they have is sharing it with others, ensuring that everyone can verify the information's accuracy will empower them to spread the truth, not rumours. The study on health information-seeking behaviours in rural areas highlights a critical barrier to information access and use: lack of ICTs. This suggests that bridging the digital divide through infrastructure and access initiatives will improve health information access in rural communities in times of pandemic.

Looking at the information overload brought by COVID-19 coupled with misinformation and disinformation, it is recommended that information professionals advance the teaching of health information literacy to rural areas as this will facilitate access to health information as well as its proper use. In terms of village health workers, the study recommended that they be upgraded in knowledge and skills by implementing mobile technologies for improved connectedness, communication, and in-service training during times of epidemics. This allows them to be continuously updated in knowledge and skill which is pivotal in handling pandemics. In addition, the study recommends that the Ministry of Health and Child Care should improve health facilities in rural areas. The government should advance rural development projects, especially those to do with road networks; ICT infrastructural development; as well as power supply to rural areas as this will enable them to have an energy source to power their digital devices and watch television programmes that could enhance their awareness on COVID-19. Repackaging of health information before dissemination into simple and easily understandable packages suitable for rural people through the use of simple everyday language is also put forward by the study to enhance access to COVID-19 information.

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