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Full Length Research

Assessing the Health Information Needs of Internally Displaced Persons in Camps in Benue State

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This study was designed to assessing the health information needs of internally displaced persons in camps in Benue State. four objectives were set and four research questions raised. Population for this study was 76 health personnel employed in the management of health-related issues in IDP camps across Benue state and was used as sample. Data was collected and analysed using mean and standard deviation. Findings for the study revealed Research question 1 was on the health information needs of internally displaced persons in camps in Benue State. Findings revealed that health information needs of internally displaced persons in camps, the extent at which information services provided by public libraries to meet the health needs of internally displaced persons in camps in Benue State is low. Findings also revealed that stakeholders have major roles in dissemination health information needed for internally displaced persons in camps. It was also found problems encountered in the provision of the health information needs of internally displaced persons in camps in Benue State. the study concluded that health information is highly needed by IDPs for good health. It was recommended that Government and non-governmental organizations should embark on proper awareness creation on health issues, there should be strict monitoring of health and proper setup of health programmes for IDPs and Government should ensure that finances are provided for procurement of drugs and other health facilities.

Keywords: Assessment, Health Information, Internally Displaced Persons and Camps

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INTRODUCTION

Information is integral to development. For any nation to develop, it needs to have and provide relevant and adequate information. Libraries play a great role in agricultural development through the support they offer to the farmers by supplying relevant information in multiple formats as to how to apply fertilizers, use of modern implements, herbicides, how to plant their crops, ways of storing their produce etc. Library is a key source of information to citizens. For example, this could be educational, social, leisure, health, political, agricultural information and so on. Trochim (2006) stresses that library assemble information from countless sources and places them at the command of individual user, and supports and sustains individual freedom of enquiry and opinion. Rubin (2010) aver that Libraries satisfy a fundamental need of society: the need to have the society's record readily accessible to the citizenry, and society continues to need access to organised information more than ever before. Urguhart, Trumer, Durbi Ryan, (2007) argues that all professionals' skills are products of information dissemination progress through different libraries. Miller & Sim (2004) insists that libraries are integral to community development as they provide access to information and works of imagination in a variety of formats. Meyer (2005) stresses that libraries go beyond formal education; they encourage and sustain literacy, and support development. For example, this development is not restricted to health and education alone but other areas of Endeavour like agriculture as well. Rubin (2010) stated that the Cooperation and assistance of librarians is a basis for any nation to gain development. By this cooperation and the provision of useful information in economic, cultural, social and political contexts, development becomes possible. Beran, Yudikin & Decourten (2006) highlights the dynamism of the role of librarianship when he posits that libraries and librarians have evolved to become facilitators of information and lifelong learning opportunities with an emphasis on service, identifying user needs and communicating solutions. The role of the libraries in the provision of information for development of agriculture is crucial. No nation can achieve any meaningful development without relevant information to drive its developmental sustainability. This could be in education, agriculture etc. The business of libraries is the acquisition, organization, dissemination and preservation of information for development. The rural farmers require access to appropriate information to guide their agricultural practices and fight poverty and the establishment of libraries rooted in the communities they serve is one way of ensuring that rural farmers have access to information. Libraries can purposefully facilitate provision and access to agricultural information.

Information has consistently been a significant element in the development of human society and has shaped over a long period of time the way in which we think and act (Burton, Howard & Beveridge 2005). Information is crucial for increasing agricultural production and improving marketing and distribution strategies (Wilson, 2006). Information also opens windows of giving out experiences, best practices, sources of financial aids and new markets. By the same token, information enables farmers to make informed decisions regarding production and marketing and managing their lives successfully to cope with everyday problems and to realize their opportunities (Ge, 2010). As discussed by Aina et al (2006), information has a vital part to play in improving and sustaining agricultural production of any country or nation.

The importance of information to the success of any academic institution should not be underestimated. Ukachin (2007) affirms that in an academic community,

information is used for learning, teaching, research and leisure. Information according to Bestrand & Certain (2000) is used primarily for academic purposes.

Every living created by God needs information to pursuit his cause. Health is the general well-being of a people. Every human being desire and hopes for good health. The World Health Organization (WHO) in Edwor (2010) has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Adequate and relevant information provide the informal base for making choices. This is a major component of health promotion targeting increase in knowledge and information services relating to health.

Internal displacement describes situations in which individuals and groups are compelled or obliged to leave and remain away from their homes, but remain within the borders of their own countries. The latter element differentiates them from refugees, who are also compulsorily evacuated but across internationally recognized state borders. Internal displacement occurs characteristically in reaction to armed conflict, oppression, situations of widespread violence, natural and human-made tragedies, etc. The scale of internal displacement and the inevitable problem and nature of the response have become far more momentous in contemporary times.

Internal displacement already occurred in Nigeria 30 years ago, during the Biafran war (1967-1970) some two million people died and ten million people became internallv displaced. While displacement of this magnitude has not been repeated since, approximately 500,000 people were forced to flee their homes after ethnic violence rocked Nigeria in October 2001, the majority of whom returned to their homes by mid-2002. Available figures suggested that towards July 2002, a total of at least 30,000 people remained internally displaced in Nigeria. This figure is mainly composed of a remnant of the June/July 2001 clashes involving Tivs in Nasarawa and Taraba states, as well as people still displaced after the October 2001 violence in Benue state involving Tivs and the Jukun/military. The exact extent of displacement is difficult to estimate, because many internally displaced seek shelter within social networks and relocate to other towns and communities to join other family and clan members.

The plight of displaced persons has in recent years become a formidable problem of global significance and implications (Nnaji, 2001). The total number of displaced persons is currently estimated around fifty million worldwide, with the majority of these people in Africa and Nigeria particular. Displacement across the country is a common result of both communal violence and internal armed conflicts. While some of the conflicts appear to be caused by religious or ethnic differences, benefits of a political, social and economic nature are generally behind the violence in the country with endemic poverty, low levels of education and a huge and alienated youth population. Nigeria regularly experiences displacement as a consequence of natural disasters such as flooding or soil erosion. Nigeria has been affected by recurrent internal conflicts and generalized violence since the end of military rule and the return of democracy in 1999. The systematic and overlapping patterns of inequality in the country have been described as "breeding grounds" for conflict (Ekpa, Shedrack Dahlan, Nuarrua, 2016; Oduwole, Tajudeen, Fadeyi and Adebayo 2016).

The roots of conflict and displacement have existed since long in Nigeria, but military regimes, and especially the authoritarian regime of General Sani Abacha from 1993 to 1998, kept the underlying tensions in check. With the coming into power of Olusegun Obasanjo as president in May 1999 and the introduction of democracy, the Nigerian people were given an opportunity to express their anger and frustration. It is therefore not surprising to see a rise in inter-ethnic and intercommoned conflicts. These can be summarized into five broad categories: ethnic rivalry, religious violence, land-conflicts, conflicts related to the demarcation of administrative boundaries, and conflicts linked to oil-production.

First of all, ethnic rivalries are closely interwoven with the four other categories of causes. Nigeria is host to 250 ethnic groups and an important factor fuelling communal violence was the emergence during the 1990s of militant groups affiliated to specific ethnic groups. In April 2002, President Obasanjo drew up "The Prohibition of Certain Associations Act 2002", in an effort to curb ethnic violence. The Act seeks to ban any "association of individuals or quasi-military groups" formed "for the purpose of furthering the political, religious, ethnic, tribal, cultural or social interests of a group".

Religious clashes are also a cause of displacement. They occur mainly in the North between Muslims and Christians and are related to the introduction of the Islamic legal system, Sharia, in several northern states, but involves an ethnic dimension as well. In May 2002, Sharia law was introduced in a southern state (Oyo) for the first time.

Agricultural policies have favoured large-scale agricultural projects and have forced farmers away from their land. This resulted directly in communal violence, often of an ethnic character, over borderlands and fishing waters. As a result of increasing desertification on Nigeria's northernmost fringes, many pastoral people have started pushing southwards in search of grazing land, accounting to some extent for the conflict between Tivs and the pastoral Hausa-Fulani people in June 2001. Conflict related to the creation of new administrative boundaries has been another factor of displacement. The new boundaries are often highly contested, especially where it has fuelled tensions between different ethnic groups. Finally, conflicts related to oil exploration have been a factor behind displacement in the Niger Delta, where the oil exploration has been associated with state violence, communal disputes, environmental pollution and a worsening economic and material situation in the communities.

Specified according to the states which experienced the most displacement in the past year, the following summary of causes and conflicting parties can be given. In Nasarawa State, the conflicting parties are mainly the Tiv and Bassa or Hausa-speaking Azaras, and the roots of conflict are ethnic, economic, or have to do with disputes over land. In Benue State, the Tivs on the one hand and the Jukun or the Idomos on the other have been engaged in fighting, usually centered around ethnic, political or economic issues, or the broader issue of local tribes (indigenes) versus settlers. In Taraba State, the conflict is mainly between the Tiv and the Jukun ethnic groups, and is of a political or demographic nature and also centers on land and the indigene/settler issue. Finally, in Plateau State, the Hausa-Fulani and other ethnic groups are opposing each other, and is of a political, economic, or religious nature, and also here the indigene/settler issue plays an important role.

OBJECTIVE OF THE STUDY

This study is designed to assess the health information needs of internally displaced persons in Camps in Benue State. Specifically, the study seeks to:

- i. Identify the health information needs of internally displaced persons in camps in Benue State
- ii. Determine the extent to which services provided by public stake holders meet health information needs of internally displaced persons in camps in Benue State.
- iii. Examine the role of stakeholders in dissemination of health information to internally displaced persons in camps in Benue State.
- iv. Identify the problems associated in the provision of the health information needs of internally displaced persons in camps in Benue State through stake holders.

RESEARCH QUESTIONS

The following research questions were raised to guide the study:

- i. What are the health information needs of internally displaced persons in camps in Benue State?
- ii. To what extent are the services provided by

public libraries to meet the health information needs of internally displaced persons in camps in Benue State?

- iii. What is the role of stakeholders in dissemination health information needed for internally displaced persons in camps in Benue State?
- iv. What are the problems encountered in the provision of the health information needs of internally displaced persons in camps in Benue State?

METHODOLOGY

Area of the Study

The area of the study is Benue State. Benue state is in the mid-belt region of Nigeria with a population of about 4, 253, 641 (2006 Census). The State has twenty-three Local Government Areas. Benue State is divided into three (3) Senatorial Zones namely; Zone 'A' 'B' and Zone 'C' with IDP camps established in the zones across the state.

Design of the Study

This study employed a survey research design. This design is suitable because the researcher collected and described the characteristics or facts about the population under study. The survey design also offers research subjects the opportunity to express their opinions based on their experiences and the researcher could collect data from small sample drawn from the population in order to draw inferences.

Population of the Study

The population for this study was 76 health personnel employed in the management of health-related issues in IDP camps across Benue state. The decision to use these categories of people is because they are directly involved in the management of health issues in IDP camps.

Sample for the Study

There was no sampling for the study. The entire population of 76 health personnel employed in the management of health-related issues in IDP camps across Benue state was used for the study as sample because the population size could be handled effectively by the researcher.

Instrument for Data Collection

The instrument for the study is was a structured

questionnaire titled "Health Information Needs of Internally Displaced Persons in Camps Questionnaire (HINIDPCQ). The instrument was developed by the reviewed. The researcher using the literature questionnaire was divided five sections based on the research objectives. The questionnaire had restricted response options of highly needed (HN), averagely needed (AN), slightly needed (SN), not needed (NN), very great extent, (VGE), great extent (GE), low extent (LE) very low extent (VLE), strongly agree (SA), agree (A), disagree (D) and strongly agree (SD). These have corresponding values of 4, 3, 2 and 1 respectively.

Validation of the Instrument

The questionnaire was validated by two experts; from the Department of Pathology, Benue state University Makurdi. Both content and face validation of the instrument was done.

Data Analysis Techniques

Data collected was analysed using descriptive statistics. Mean was used to answer the research questions. The bench mark for this was 2.50 (4+3+2+1=10/4=2.50). The decision rule was: any item with a mean value of 2.50 or above was regarded as needed while any item with a mean value of less than 2.50 was regarded as not needed.

RESULT AND DISCUSSION

Result in table 1 shows that 8 items had their mean values ranged from 2.73 to 3.17 which is greater than the benchmark of 2.50. this implies that the items are health information needs of internally displaced persons in camps in Benue State.

Result in table 2 shows that 8 items had their mean values ranged from 2.01 to 2.25 which are lower than the benchmark of 2.50. This means that the extent at which information services provided by public libraries to meet the health needs of internally displaced persons in camps in Benue State is low.

Result in table 3 shows that 16 items had their mean values ranged from 2.65 to 3.46 which are greater than the benchmark of 2.50. This indicates that the items are roles of stakeholders in dissemination health information needed by internally displaced persons in camps in Benue State.

Result in table 4 shows that 8 items had their mean values ranged from 2.82 to 3.13 which are greater than the benchmark of 2.50. This is an indication that the items are problems encountered in the provision of health information needs of internally displaced persons in camps in Benue State.

S/N	ltem	SA	Α	D	SD	Ν	Mean	Std. Dev	Remarks
1	Information on infectious agents and vectors present in the IDP camps	13	41	11	11	76	2.73	0.91	Agree
2	Need for consumption of good quality water and good sanitation and overcrowding, as in temporary								
3	settlements Information on hazardous behaviours (e.g. promiscuity and	13	38	20	5	76	2.77	0.80	Agree
	sexual activities	40	15	6	15	76	3.05	1.18	Agree
4 5	Prevention of natural hazards in the camps	9	56	2	9	76	2.85	0.77	Agree
	Prevention and control epidemics especially cholera and meningitis								
_	which are rampant in the camps	27	26	17	6	76	2.97	0.95	Agree
5 7	Information on hygiene strategies Need for consumption of balanced	36	20	8	12	76	3.05	1.10	Agree
}	diet	17	38	11	10	76	2.81	0.93	Agree
	Maintenance of clean environment	30	29	12	5	76	3.17	0.77	Agree

Table 1: Mean and standard devotion of respondents on the health information needs of internally displaced persons in camps in Benue State

Source: Filed survey, 2019

Table 2: Mean and standard devotion of respondents on the extent information services provided by public libraries
meet the health needs of internally displaced persons in camps in Benue State

S/N	Item	VGE	GE	LE	VLE	Ν	Mean	Std. Dev	Remarks
9	Information on infectious agents and vectors present in the IDP camps	6	8	43	19	76	2.01	0.82	Disagree
10	Need for consumption of good quality water and good sanitation and overcrowding, as in								
11	temporary settlements Information on hazardous behaviours (e.g. promiscuity and	11	19	24	22	76	2.25	1.03	Disagree
	sexual activities	9	10	47	10	76	2.23	0.83	Disagree
12	Prevention of natural hazards in								
13	the camps Prevention and control epidemics especially cholera and meningitis which are rampant in	11	13	11	41	76	1.92	1.14	Disagree
	the camps	2	5	35	34	76	1.67	0.71	Disagree
14	Information on hygiene strategies	11	6	37	22	76	2.07	0.97	Disagree
15	Need for consumption of balanced diet	8	3	5	60	76	1.46	0.98	Disagree
16	Maintenance of clean		-	40		70	4 40		Ū
	environment	4	5	10	57	76	1.42	0.83	Disagree

Source: Filed survey, 2019

Table 3: Mean and standard devotion of respondents on the role of stakeholders in dissemination health information needed by internally displaced persons in camps in Benue State

Item	SA	Α	D	SD	Ν	Mean	Std. Dev	Remarks
Awareness creation on health issues	44	26	3	3	76	3.46	0.75	Agree
Monitoring the health and setting health programmes for IDPs	31	6	11	4	76	2.84	1.08	Agree
Ensuring that regulatory procedures are working properly	35	26	9	6	76	3.18	0.93	Agree
Ensuring that finances are provided for procurement of drugs and other health facilities	37	24	8	7	76	3.19	0.96	Agree
Ensuring that appropriate health			14					Agree
Protecting patients' safety and	38	23	5	10	76	3.17	1.03	Agree
Ensuring broader consumer protection	39	16	3	18	76	3.00	1.23	Agree
Monitoring health regulatory effectiveness	21	27	9	19	76	2.65	1.13	Agree
Information on infectious agents and vectors present in the IDP	20	40	Б	2	76	2 1 4	0.64	Agroo
Need for consumption of good quality water and good sanitation	20	49	J	Z	70	3.14	0.64	Agree
settlements Information on hazardous	21	47	5	3	76	3.17	0.59	Agree
sexual activities	45	22	1	8	76	3.36	0.94	Agree
Prevention of natural hazards in the camps	13	60	1	2	76	3.10	0.53	Agree
Prevention and control epidemics especially cholera and meningitis								
which are rampant in the camps	32	26	11	7	76	3.09	0.96	Agree
Information on hygiene strategies	38	23	9	6	76	3.22	0.94	Agree
Information on infectious agents and vectors present in the IDP	00		F	-	70	0.00	0.70	A
Need for consumption of good quality water and good sanitation	22	44	5	5	76	3.09	0.78	Agree
settlements	21	39	12	4	76	3.01	0.80	Agree
	Awareness creation on health issues Monitoring the health and setting health programmes for IDPs Ensuring that regulatory procedures are working properly Ensuring that finances are provided for procurement of drugs and other health facilities Ensuring that appropriate health information are reached to IDPs Protecting patients' safety and welfare in IDP camps Ensuring broader consumer protection Monitoring health regulatory effectiveness Information on infectious agents and vectors present in the IDP camps Need for consumption of good quality water and good sanitation and overcrowding, as in temporary settlements Information on hazardous behaviours (e.g. promiscuity and sexual activities Prevention of natural hazards in the camps Need for consumption of good quality cholera and meningitis which are rampant in the camps Information on hygiene strategies Information on infectious agents and vectors present in the IDP camps	Awareness issuescreation on health issues44Monitoring health 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Source: Filed survey, 2019

S/N	Item	SA	Α	D	SD	Ν	Mean	Std. Dev	Remarks
33	Difficulties with transportation	21	39	12	4	76	3.01	0.80	Agree
34	Communication challenges	8	56	6	6	76	2.86	0.69	Agree
35	Shortages of doctors and other health professionals IDP camps	31	33	3	9	76	3.13	0.95	Agree
36	Limited funding and other resource constraints	31	23	13	9	76	3.00	1.03	Agree
37	Diversion of funds meant for provision of health facilities in IDP camps	27	40	6	3	76	3.19	0.74	Agree
38	Inadequate up-to-date information dissemination materials	21	43	10	2	76	3.09	0.71	Agree
39	Inadequate skilled personnel in health sector	5	59	6	6	76	2.82	0.66	Agree
40	Inadequate infrastructure and facilities	37	19	17	3	76	3.18	0.91	Agree

Table 4: Mean and standard devotion of respondents on the problems encountered in the provision of health information needs of internally displaced persons in camps in Benue State

Source: Filed survey, 2019

DISCUSSION OF FINDINGS

Research question 1 was on the health information needs of internally displaced persons in camps in Benue State Findings revealed that Information on infectious agents and vectors present in the IDP, need for consumption of good quality water and good sanitation and overcrowding, as in temporary settlements, information on hazardous behaviours (e.g. promiscuity and sexual activities, prevention of natural hazards, prevention and control epidemics especially cholera and meningitis which are rampant, information on hygiene strategies, need for consumption of balanced diet and maintenance of clean environment were health information needs of internally displaced persons in camps in Benue State.

Research question 2 was on the extent at which services provided by public libraries to meet the health information needs of internally displaced persons in camps in Benue State. Findings revealed that the extent at which information services provided by public libraries to meet the health needs of internally displaced persons in camps in Benue State is low.

Research question 3 was on the role of stakeholders in dissemination health information needed for internally displaced persons in camps in Benue State. Findings revealed that awareness creation on health issues, monitoring the health and setting health programmes for IDPs, ensuring that regulatory procedures are working properly, ensuring that finances are provided for procurement of drugs and other health facilities, ensuring that appropriate health information are reached to IDPs, protecting patients' safety and welfare in IDP camps, ensuring broader consumer protection and monitoring health regulatory effectiveness were role of stakeholders in dissemination health information needed for internally displaced persons in camps in Benue State.

Research question 4 was on the problems encountered in the provision of the health information needs of internally displaced persons in camps in Benue State. Findings revealed that difficulties with transportation, communication challenges, shortages of doctors and other health professionals idp camps, limited funding and other resource constraints, diversion of funds meant for provision of health facilities in idp camps, inadequate upto-date information dissemination materials, inadequate skilled personnel in health sector and inadequate infrastructure and facilities were problems encountered in the provision of the health information needs of internally displaced persons in camps in Benue State.

CONCLUSION

Internally displaced people are found in many areas in Benue state. These people need health information just like others who need it. There are illnesses and diseases that commonly attack people in IDP camps. However, there are challenges confronting dissemination of health information to people in IDP camps in Benue state. This study concludes that health information is highly needed by IDPs for good health.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made:

- 1. Government and non-governmental organizations should embark on proper awareness creation on health issues,
- 2. There should be strict monitoring of health and proper setup of health programmes for IDPs
- 3. Government should ensure that regulatory procedures are working properly for effective provision of health information to IDPs
- 4. Government should ensure that finances are provided for procurement of drugs and other health facilities

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