

**Proposed partnership between
Environmental Health Technicians and
Library and Information professionals in
health and information provision**

Blessing Chiparausha

&

Josiline Chigwada

Environmental Health Technicians & service provision

- Environmental Health Technicians (EHTs) can play a pivotal role in disseminating health information in partnership with libraries in rural areas.
- Insufficient funds, inadequate hardware, infrastructure problems, and insufficient knowledge about information sources and how to use them (Lundeen, Tenopir & Wermager 1994; Martínez, Villarroel, Seoane & del Pozo 2005).
- Overwhelmed – many EHTs left the Ministry to work abroad whilst others sought employment in non-governmental organisations (Waterkeyn 2013).

Libraries & rural development

- Libraries are expected to:
 - provide information and referral services,
 - promote a reading habit,
 - provide current awareness programmes
 - carry out selective dissemination of information to meet information needs of the rural population (Ebiwolate 2010).
- Libraries provide important information on:
 - Housing
 - Education
 - health
 - Infrastructure
 - government policies (Obadare & Ukunlola 2005).
- Partnerships between librarians and other professionals especially where expert knowledge is needed e.g. agricultural or health knowledge are key in rural development.

The participants

- Using purposive sampling, Rushinga district in north eastern Zimbabwe was selected.
- Purposive sampling was used – researchers specified the characteristics of the population of interest (Christensen, Johnson & Turner 2015).
- The district was chosen because the population is entirely rural (Agency, Z. N. S. 2012).
- There are nine (9) EHTs in the district – two (2) of these were conveniently sampled to participate in interviews.
- Convenience sampling refers to the use of readily available respondents who are easily recruited for inclusion in the sample (Christensen, Johnson & Turner 2015).
- Data was collected from the two EHTs who were easily identified, contacted and indicated interest in participating in the study.

Data collection & analysis

- Semi-structured interviews and document analysis were used to gather data from the respondents.
- Sarantakos (2013) defined an interview as a data collection method that gathers information through oral questioning. He went further to describe semi-structured interviews as interviews that have a given structure but have a relative freedom to formulate questions and determine their order and presentation.
- Semi-structured interviews were employed to ensure consistency in the interviews but at the same time giving the researchers the liberty to re-order and rephrase the questions depending on the interviewee's responses.
- Collected data was thematically arranged and presented for analysis. Data was presented in textual, numerical and graphical formats.

Findings

Rushinga district population

- Rushinga district population:74,040 (35,504 males and 38,536 females)
- Population was 100% rural.
- Average household size: 4.3
- Literacy rate was 94% (96% males; 91% females).
- Thirty-one per cent of the working age population were communal farmers.

Health services institutions

- There were 11 health services institutions in the district:

| Type of institution | Number available |
|---------------------|------------------|
| Clinic | 9 |
| Hospital | 2 |
| Total | 11 |

Health institutions' operations

- Two hospitals:
 - 1 the district hospital; government-owned.
 - 1 church-related / mission hospital.
- 11 health services institutions:
 - 9 had EHTs whilst the remaining two did not have.
 - EHTs worked with field orderlies and village health workers. The latter are volunteers resident in the villages.

Sources of health information

- Most health information was learnt whilst the EHTs were at college as trainees.
- Ministry of Health and Child Care carries out workshops and refresher courses periodically or whenever a new health issue emerged.
- District Environmental Health Officers (DEHOs) and Environmental Health Officers (EHOs) sometimes brief or convene meetings with EHTs as a way of updating the EHTs on health information issues.

Use of media

- EHTS also depended on media to get updates on health information:
 - Radio
 - Television
 - Newspapers
 - Internet news releases and updates
- Media heavily depended on in cases when there were disease outbreaks e.g. cholera, typhoid and dysentery.

Peers

- EHTs also got health information updates from peers:
 - mobile technology particularly short message service (sms) & Whatsapp were said to be very common.

Health information dissemination

- Word of mouth (schools, meetings, immunisation days)
- Flyers
- Health information booklets
- Posters (at meeting points e.g. health centres, schools, shops, water points and dip tanks).

Topics covered

- HIV and AIDS
- Cholera
- Typhoid
- Malaria
- water and sanitation.

Challenges

- Non-availability of library and information centres:
 - no public library
 - No library or information centre at the health institutions.
- Limited Internet connection by broadband making it difficult and costly to connect.
- Ignorance of health information initiatives such as the Health Internetnetwork Access to Research Initiative (HINARI).
- Long distances to reach out to the communities.
- Communities served too large.

Conclusions

- As evidenced by the literature reviewed (e.g. Waterkeyn 2013; Martínez, Villarroel, Seoane & del Pozo 2005) and the case of Rushinga district in Mashonaland central province, library and information services for the rural communities are either poor or are non-existent (which is the case with Rushinga district).
- It is also glaringly evident that there are disjointed efforts to offer social services to rural communities as evidenced by the absence of joint collaboration between EHTs and librarians in Rushinga district.

Relevance to policy formulation and practice

- Central governments in developing countries need to review their service provision operations and come up with holistic national policies that bring together various government departments for purposes of effective service delivery.
- Craft policies that enable EHTs & LIS professionals to work together.

Recommendations

- EHTs should partner with LIS professionals for effective health information service delivery.
- EHTs can assist librarians to identify, acquire and conduct selective dissemination of information (SDI) for the communities they serve.
- Library and information centres should have environmental health information sections as part of their collections.
- The library and information centres should provide EHTs and the rest of the communities access health information online.
- EHTs should carry out research on environmental health issues in their constituencies and disseminate their findings & recommendations via the library and information centres in their communities.

Thank you!