



**The Role of Information Toward the Realization of Good Health as Applied to Students in The
Faculty of Health Sciences, University of Buea, South West Region of Cameroon**

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Abstract: This study investigated the role of information towards the realization of good health as applied to students in the Faculty of Health Sciences, University of Buea, South West Region (SWR) of Cameroon. The population consisted of 1049 students in the Faculty of Health Sciences (FHS). Proportionate stratified and simple random sampling techniques were adopted in the selection and use of a sample size of 525 medical students which represented 50% of the population. Percentage was used as a statistical tool in analyzing the data. The findings of the study revealed that medical students in FHS were in possession of high quality health information which they primarily made good use of and this enabled them to enjoy a healthy life as campaigned by both Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs). However, it was recommended that health policies should not be politicised to end as a mere slogan.

Key points: Millennium Development Goals, Sustainable Development Goals, Health Information, Medical Students, University of Buea

UNIVERSITY OF BUEA ‘THE PLACE TO BE’

University of Buea fondly called UB or ‘The Place to be’ was officially opened in 1992, as a full University up from the University Centre which it formally was. Cameroon can now boast of 11 public universities which are fully operational and University of Buea is one of two English-speaking universities among these 11 which are University of Yaounde I, University of Yaounde II, University of Douala, University of Dschang, University of Ngoundere, University of Buea, University of Bamenda, University of Garoua, University of Maroua, University of Ebolowa and University of Bertoua. University of Buea is a non-profit making public higher education institution situated in Buea metropolis. The presence of this university has conspicuously influenced almost everything in this metropolitan town of Buea. For instance Buea which was formerly known to be one of the most sparsely populated regional headquarters in the Republic of Cameroon can now boast of more than 90.088 inhabitants (2005 population census statistics).

According to statistics from Personnel Department and Record Division, University of Buea is run by highly qualified and diversified 635 permanent, 200 part time and 473 support staffs who cater for students’ needs. The student population as of the academic year 2022/2023 stands at 27,742. Out of this number, over 60 are physically and visually challenged (IT Center, UB). University of Buea is made up of 8 faculties and 3 Professional Schools (PS) as follows:

- The Advanced School of Translators and Interpreters (ASTI) (PS)
- The College of Technology (COT) (PS)
- Faculty of Arts (FA)
- Faculty of Education (FED)
- Faculty of Health Sciences (FHS)
- Faculty of Science (FS)
- Faculty of Social and Management Sciences (FSMS)
- Faculty of Agriculture and Veterinary medicine (AVM)
- Faculty of Law and Political Science (FLPS)
- Faculty of Engineering and Technology (FET)
- Higher Technical Teachers' Training College (HTTTC) (PS)

INTRODUCTION

In this period characterized by wide spread access to information, it is logically expected that unlike in the past, people can now get whatever definite information or knowledge on a particular subject they are interested. One of such subjects is no other than health just to name but this. Health is one of the fundamental or primary needs of human life and existence as theorised by a renowned psychologist Abraham Maslow in his hierarchy of needs (Maslow, 1963). Health is defined by World Health Organization (WHO) as a state of complete physical, mental and social wellbeing of an individual. This definition distance itself from the narrow 'absence of diseases' which many people mistakenly think should be the appropriate definition of health. Indeed health is primary to everything else in human existence and it is one of the fundamental achievements which humanity prioritises as the first on a scale of preference. This is because if someone is not healthy, he will eventually live to die and will obviously not be able to get hold of any other possession. It is for this unavoidable reason that the much talked about Millennium Development Goals (MDGs) would not have been completed if it failed to give a prominent attention to health. In reality, things did not work out well with the overzealous ambitions of MDGs. Consequently, another set of goals were introduced to cater for the lapses of MDGs. It is therefore of great interest to note that out of a long and inexhaustible list of 17 Sustainable Development Goals (SDGs) which were introduced after MDGs did not perfectly meet its highly expected target, health occupies an enviable position of 3, i.e. 3/17. This is a great position indeed. Due to this impeccable importance of health, a faculty is born in University of Buea named Faculty of Health Sciences (FHS).

Faculty of Health Sciences which formerly comprised three departments is now made up of four distinct departments namely Department of Nursing, Department of Medical Laboratory Science, Department of Biomedical Sciences and the ever-growing Department of Medicine which almost each and every Cameroonian especially of the English expression wants to enrol in. FHS is dedicated to achieving excellence and advancing health through leadership in education in the health sciences, discovery, innovation, research, and exemplary health delivery services. It conducts research for sustainable development and enhances the quality of life lived by Cameroonians. Both fundamental and applied research are carried out in this faculty to address issues of local, national and global concern as well as those of relevance to the Ministry of Public Health in Cameroon. Information from <http://www.ubuea.cm> states that some of the major research specializations of FHS are seen as follows:

- Prevention and treatment of common diseases in Cameroon such as malaria, diabetes, hypertension, anaemia, cholera, dysentery etc.
- Moving Cameroon towards evidence-based policy and public health action
- Behaviour change in communicable diseases such as HIV/AIDS, tuberculosis, hepatitis etc.
- Integrated health care of orphans and vulnerable children in Cameroon

- Operational feasibility, acceptability and safety of the use of rapid diagnostic tests in the context of home management of malaria
- Sustainability mechanisms, correct home-based treatment facilities, pre-packaged drugs in an urban settings e.g. Bamenda, Douala, Yaounde etc.

Students in the Faculty of Health Sciences in University of Buea are therefore engaged in the adoption of one or more of these preoccupations. This means that in community outreach programmes (as is always the case) and during internships, these students move round in various communities administering specially catalogued information to the beneficiary population as well as educating each and every member of the society they come across on good health habits, healthy lifestyle, just to name but these. These medical students are presumably well armed in the area of health information. This gives the impression that they are actually in the possession of proper, appropriate or accurate health information because it is only when someone has something that he can be able to give it out to someone else. Similarly, Lawal (2015) states that the quintessential idea is that one cannot give out what he does not have. Haven ascertain therefore that these young aspiring medics are supposedly in possession of adequate health information which they are trained to deliver to the public, the issue here is for people to know whether or not they in turn make good use of this information in order to foster their own health situation as well.

STATEMENT OF THE PROBLEM

The problem of poor health is noticed across the board in all institutions, professions and other sectors of human endeavour. No individual, family and community is exempted from poor health. To make matters worse, the situation of poor health is rather deplorable in African communities due to lack of adequate health care delivery services and lack of trained health care providers. In this era of information proliferation and explosion, one would have expected much to change because especially with Internet which has made information readily available to all and sundry, people would have by now known how to avoid at least certain common diseases in order to live healthily and happily. But this is apparently not the prevailing situation given that the wards of hospitals, health centres, clinics and other healthcare delivery services or institutions keep being unable to accommodate the ever-growing population of patients admitted on a daily basis.

This is a universal challenge for ministries of health and all healthcare providers in all countries. Therefore, it was imperative and timely for United Nations to endorse healthy lives and promote good health and well being for everyone at all ages, as part of the Millennium Development Goals which were all expected to be completely achieved by United Nations' member countries at the end of 2015. Unfortunately, 9 years later i.e. in 2024, the health situation of populations living in United Nations' member states is far from meeting the standards which were earlier set by this international organization. More health challenges are rather being added to the list of already existing ones. The United Nations' war aimed at providing good health for everyone at all ages is far from being won. For this reason, 1st January 2016 witnessed the introduction of Sustainable Development Goals. On an overall basis, one of these goals was meant to eradicate poor health. Unfortunately, after 8 years i.e. in 2024, the story is far from being told and the war inflicted on humanity by poor health rages on.

However, the health profession can turn things round at least for itself if not for others. Health professionals stand a better chance to enjoy good health for the singular reason that they have adequate and accurate health information which they are trained to deliver to the public. Going by the adage charity begins at home; it is quite thoughtful that those in the medical profession make good use of this information by firstly applying it on themselves in order to foster their own health situation. This implies that all medical students the world over, enjoy this privilege position at all times when all other variables are held constant. It is for this reason that the researchers have deemed it necessary to find out whether medical students in the Faculty of Health Sciences in University of Buea which is situated in The Republic of Cameroon, personally apply on themselves the right medical information which they acquire at training.

LITERATURE REVIEW

In this era of information proliferation and explosion, there are several fields of research specialization in which the term 'information' is used. In health for instance, the term 'information' is sometimes interchangeably used with another term 'literacy' to mean awareness of health issues. Therefore, the use of either health literacy or health information simply depends on the semantic digression of an author and/or some infinitesimal considerations. Although health information is a relatively new concept to many members of the healthcare community, it has quickly caught the attention of researchers, policy makers, and clinicians due to its widespread impact on health and well-being. Nielsen-Bohlman, Panzer and Kindig (2004) pointed out that there are enormous implications of health information on the health of medical students and that a significant amount of contribution surrounding this concept and its connection with healthcare outcomes is yet to be fully achieved by research.

According to Egbert and Nanna (2009) the vast majority of attention in health information research has been focused on information accessibility, namely the delivery and readability of health-related information. Accessible information that one understands is a necessary but not sufficient condition for addressing health care issues such as eating a balanced diet or adopting a healthy life style. One's ability to use the information in making healthcare decisions based on the information accessed is rather the most important part of health information (Egbert & Nanna, 2009). Even if one assumes that information is written at a reading level that can be understood by its readers, translated into a culturally appropriate vernacular, and delivered via a communication channel that is accepted and easily accessed, there is still no guarantee that the information will be utilized as it was intended (Egbert & Nanna, 2009). This is the reason why Nutbeam (2000) talked of *functional health information* which has to do firstly with the possession of health information and secondly, and most importantly the utility of this information.

Kessler, Berglund and Demler (2005), and Kim-Cohen, Caspi and Moffitt (2003) posited that years that teenagers spend as students are a crucial time for health and wellbeing in later life. When medical students are in school undergoing training, it is the best time for them to practice what they are being taught by emulating healthy lifestyle. Of course they have all the information on the emulation of healthy lifestyle because they are taught health education in its entirety. If these healthy skills are not inculcated now, the future of these medics may be appalling. Robinson and Bugler (2010) revealed that more than 8 out of 10 adults who have ever smoked regularly started smoking before 19. This study also found that 8 in 10 potentially obese teenagers went on to be obese as adults. With the help of this health information, it is highly expected that young medical students most of whom are in their teens should stay far from risky ventures in order that they live an enviable life (respecting health norms) now that they are young and even tomorrow when they shall grow old.

Paasche-Orlow and Wolf (2007) opined that medical students stand a great chance of exhibiting better health habits owing to the high quality of health information they obtain at training and are expected to in turn pass it across onto yearning members of the society. However, their study revealed that despite the exposure to such high quality health information, students who were trained as nurse were found to inculcate poor medical lifestyle e.g. they did not consume fruits on a regular basis as expected.

PURPOSE OF THE STUDY

The main purpose of this study was to determine if medical students in the Faculty of Health Sciences, University of Buea, used health information to improve their personal health situation. Specifically, the study sort to:

- I. Determine the quality of health information that medical students in the Faculty of Health Sciences, University of Buea, have.
- II. Examine the extent to which medical students in the Faculty of Health Sciences, University of Buea, personally make use of the health information they acquire at training.

RESEARCH QUESTION

The main research question of the study was asked thus: do medical students in the Faculty of Health Sciences, University of Buea, use health information to improve their personal health situation.

- I. Of what quality is the health information that medical students in the Faculty of Health Sciences, University of Buea, have?
- II. To what extent do medical students in the Faculty of Health Sciences, University of Buea, personally make use of the health information they acquire at training?

METHODOLOGY

This study was conducted in University of Buea. The population consisted of 1049 students in the Faculty of Health Sciences. Proportionate stratified and simple random sampling techniques were respectively adopted in the selection and use of a sample size of 535 medical students which represented 51% of the population. Consequently, 535 questionnaires titled Information and Good Health Realization Questionnaire (IGHRQ) were distributed to the respondents. The administration of questionnaire was done in various laboratories, Faculty of Health Sciences library, lecture halls and amphitheatres. However, 525 copies were returned, representing 98% return rate.

DATA ANALYSIS AND PRESENTATION OF FINDINGS

Demographic information of respondents in FHS

Out of 525 respondents that were used for the exercise, the following information in Table 1 was decoded from their demography.

Table 1: Demographic information of respondents in FHS

Department	Age			Sex		Total
	18–28 years	29–39 years	40+ years	Male	Female	
Department of Nursing	53	22	11	58	28	86
Department of Medical Laboratory Science	70	41	02	82	31	113
Department of Biomedical Sciences	25	10	00	19	16	35
Department of Medicine	164	92	35	207	84	291

In the Department of Nursing, 53 students were between the age brackets of 18–28 while 22 were between 29–39 years of age; however 11 of them were 40+ years old. With regards to gender, 58 males and 28 females were identified. All this gave a total of 86 students in that department who successfully participated in the research process. In the Department of Medical Laboratory Science, 70 students were between the age brackets of 18–28 while 42 were between 29–39 years of age. Meanwhile 2 of them were 40+ years old. In terms of gender, 82 males and 31 females were identified. All this gave a total of 113 students in that department who were respondents.

In the Department of Biomedical Sciences 25 students were between the age brackets of 18–28 while 10 were between 29–39 years of age. Male and female population differed slightly; 19 males and 16 females were identified and all this gave a total of 35 students in that department who were successful respondents. In the ever growing Department of Medicine 164 students were between the age brackets of 18–28 while 92 were between 29–39 years of age; however 35 of them were 40+ years old. With regards to gender, 207 males and 84 females were identified. All this gave an overwhelming total of 291 students in that department who successfully participated in the research process.

Research question 1

Of what quality is the health information that medical students in the Faculty of Health Sciences, University of Buea, have?

Table 2 Distribution of responses on quality and quantity of health information

SN	Quality and quantity of health information obtained	Strongly Agree	Agree	Disagree	Strongly Disagree
1	We are taught current information on health issues	502 (95.62%)	19 (03.61%)	04 (00.77%)	00(00.00%)
2	Health information which our lecturers teach us comes from different medical sources	473 (90.10%)	49 (9.33%)	03 (0.57%)	00 (00.0%)
3	We have acquired health information of high precision which we can use to take care of ourselves and others	271 (51.62%)	196(37.33%)	32 (06.1%)	26 (4.95%)
4	We have high standard health information that contains all essential properties of modern medicine	264 (50.29%)	128(24.38%)	104 (19.81%)	29(05.52%)

Statistics in Table 2 revealed that total agreements for first, second, third and fourth items summed up to 99.23%, 99.43%, 88.95% and 74.67% as opposed to total disagreements which summed up to 0.77%, 0.57%, 11.05% and 25.33% respectively. This gave a cumulative agreement of 90.57% as opposed to a cumulative disagreement of 9.43%.

Consequently, the medical students in the Faculty of Healthy Sciences, University of Buea, were unanimous on the quality of health information they are taught in their faculty and university. Statistics in Table 2 revealed that the health information which these young medics possess is quite modern and of high currency. Since it is of high standard and precision, this invariably means that the said health information is of high quality.

Research question 2

To what extent do medical students in the Faculty of Health Sciences, University of Buea, personally make use of the health information they acquire at training?

Table 3: Distribution of responses on personal use of health information

SN	Personal use of health information	Strongly Agree	Agree	Disagree	Strongly Disagree
1	I make use of personal hygiene at all times	326 (62.10%)	184(35.05%)	15 (02.85%)	00 (00.0%)
2	I make use of first aid information on myself	192 (36.57%)	319(60.76%)	14 (02.67%)	00 (00.0%)
3	I always eat a balanced diet so as to boost my immune system	217 (41.33%)	204(38.86%)	66 (12.57%)	38 (07.24%)
4	'Prevention of diseases is better than cure' I always apply this to myself	405(77.14%)	120(22.86%)	00 (00.0%)	00 (00.0%)

Statistics in Table 3 revealed that total agreements for first, second, third and fourth items summed up to 97.15%, 97.33%, 80.19% and 100% as opposed to total disagreements which summed up to 2.85%, 2.67%, 19.81% and 00% respectively. This gave a cumulative agreement of 93.67% as opposed to a cumulative disagreement of 6.33%.

The above analysis is an indication that medical students in the Faculty of Health Sciences, University of Buea, make good personally use of the health information they acquire at training. The young medics were unanimous on the extent to which they apply or make use of the health information in their possession. To this effect, they rated it as highly applicable to themselves first before others (charity begins at home—they so confirmed).

DISCUSSION AND CONCLUSION

Some years back, the slogan “health for all by the year 2000” became very popular and heated much household debates. It gathered enough fame as soon as it was released. Many people overwhelmingly believed that by the magic year 2000 all health related problems were going to be as easy as forgotten. Unfortunately, it did not very much happen as believed. This was the reason behind the institutionalisation of MDGs and SDGs. Unfortunately several years afterward much still need to be done. As if this was not enough, the United Nations quickly announced to member states as part of its Millennium Development Goals that their citizenry were going to enjoy healthy life, good health and general well being for everyone at all ages. All of these and much more were earmarked to be realized by the end of 2015 and 2030 respectively. Several years afterward, this dream is practically far from being achieved especially with incursion of deadly Covid-19 pandemic and many more health hurdles. A closer look at all of these reveals the unavoidable importance of health information. Rather, a breakthrough slogan in the health sector would have been captured as “health information for all by the year 2000, 20215, 2030, etc.” Medical students in the Faculty of Health Sciences, University of Buea, have proven beyond every reasonable doubt that they live a healthy life and enjoy good health not as a result of any propaganda but because they are well equipped with quality health information which they primarily apply on themselves.

RECOMMENDATION

Based on the findings of this study the following recommendations were made.

- I. United Nations member states should be aware that no amount of slogan can actually make a people to live a healthy life and stay in good health. The only way they can achieve this is by equipping citizenry of member states with high quality health information. On the other hand, medical students in FHS should continue to quest for and acquire this type of health information even when they leave school.
- II. United Nations should henceforth be proactive in targeting how to implement the application of health information on citizenry of member states. It should disseminate high quality health information and also create enabling atmosphere in which people will easily adopt the application of information on themselves as an unavoidable option. On the other hand, medical students in FHS should intensify the rate at which they personalise the health information they possess and should think of doing even more in due time.

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