INTRODUCTION

Over the years, information related problems in the health sector have raised the concern of information professionals, health workers and social scientists. Some have suggested that in order to implement the planned health strategies, there is a need to improve not only the health information services but also the understanding of why and how to use the information. To many African health professionals and librarians, information is available but not accessible; while to some, information is neither available nor accessible (Lowan & Bukachi, 1998; Musoke, 2007). Therefore, although there is a need to produce more relevant

ABSTRACT

This article summarises findings from a qualitative study conducted in rural Uganda, East Africa. The main aim of the study was to investigate the accessibility and use of health information in the lower echelons of Primary Health Care (PHC). Women, as PHC providers in an African family, were the focus as well as health workers. An interview schedule that consisted of open questions and one relating to health information critical incidents were used. A holistic inductive paradigm was adopted with a grounded theory analysis. The findings highlight a model of information behaviour that was driven by the value and impact of information unlike previous information models, which have been driven by information needs. The value and effect of information on PHC was as experienced and reported by the interviewees. Implications of the study and areas for further research are highlighted.
information in Africa, the greatest challenge is to ensure that what is available so far, can be accessed.

The development of effective information services for rural people, and the policies governing their implementation and use, depends on ample knowledge of rural people’s information environment and behaviour. Hardly any empirical data exists on this topic in Uganda. Focusing research on rural health workers, who are professionally isolated, is an important step in improving their information infrastructure. This would indirectly enhance information provision to the communities they serve. At a local level, the study is important because the majority of Ugandans do not see high level health workers when they seek health care; it is provided within the family, community or health units run by nurses and clinical officers.

Many information studies in the developed world have focused on information systems and retrieval (Spink, 1999; Vakkari, 1999). However, the interest of an information researcher in a rural African setting can hardly be on such topics. Rather, the attention is on information in everyday life. In a post civil war situation of an African rural area, can the use of available information make a difference to the lives of rural people?!

The main aim of the study was, therefore, to investigate the accessibility and use of health information by women and health workers, who are at the lowest level of Primary Health Care (PHC) service delivery in rural Uganda. This would advance the understanding of the role of information in the health sector and the information processes involved. Therefore, the main concern of the study was not to quantify data, but rather to understand issues surrounding access and use of information in rural Uganda, and how women and health workers perceived and interpreted these issues.

In this study, the term information was used in a broad sense to include the subjective and objective aspects of information, as well as the behaviours associated with information acquisition or use.

**METHODOLOGY**

Given the nature of the study, a holistic inductive paradigm was used with a grounded theory analysis. Although the study took a grounded theory approach, it differed from the grounded theory as originally defined by Glaser & Strauss in that it did not adopt a theoretical sampling strategy. The sample was determined by the PHC set up, and followed a purposeful sampling strategy as described by Patton (1990). The study, therefore, focussed on two categories of people who form the base of PHC service delivery, namely the women and health workers. The total sample was eighty-two (48 women leaders and 34 health workers).

Face-to-face interviews were conducted using an interview schedule that consisted of open questions and one relating to health information critical incidents. Two sets were used: one for the women and the other for health workers. As a semi-structured (open-ended) interview method was used to collect data, it was preferred to do a cross-case analysis for each question in the interview schedule. This involved grouping together and comparing answers from different interviewees to common questions. The analyst then abstracted from the data and generated concepts and categories inductively. This was preceded by open and selective coding, based on the original Glaser and Strauss (1967) approach.

Some interviewee responses are given in the findings. These are based on verbatim records (translated from vernacular to English in the case of women), and are quoted in italics. For confidentiality reasons, each quotation indicates the interviewee number rather than the name.

**FINDINGS**

The interviewees reported the difference information had made in their personal and professional lives, and the frustrations and consequences of failure to find or use the needed information. The
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