

Public Libraries Encouraged to Meet the Health Information Needs of Tribal Women in Bangladesh

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Evidence Summary

Public Libraries Encouraged to Meet the Health Information Needs of Tribal Women in Bangladesh

A Review of:

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Abstract

Objective – To investigate public libraries' existing community engagement practices, explore their willingness to provide health information services to tribal communities in Bangladesh, and examine tribal women's health information-seeking behavior and interest in obtaining health information from public libraries.

Design – A cross-sectional study using online interviews and structured questionnaires.

Setting – Public libraries and tribal communities in tribal regions of Bangladesh.

Subjects – Public librarians (n=11) and tribal women (n=276) from three tribal districts in Bangladesh (Bandarban, Khagrachari, and Mymensingh).

Methods – Interviews were conducted with librarians via Zoom in January 2023. Survey questionnaires were distributed to a convenience sample of 300 tribal women from February to March 2023. Data was analyzed in the Statistical Package for the Social Sciences (SPSS), using univariate and bi-variate measures.

Main Results – All of the libraries provided print materials (books, newspapers, and periodicals) for reading and lending and offered photocopying and Internet browsing services. Other forms of resources such as microfiches and digital materials, inter-library loan services, and facilities for people with disabilities were not widely available. Most libraries (72.8%) did not provide any specific program (e.g., health-related outreach program) for tribal community engagement, although they all recognized the urgency and value of such programs. Lack of funding and bureaucratic complexities were identified as the top two barriers. Out of the 276 tribal women responding to the survey, close to two-thirds of the respondents indicated they were either moderately or very interested in receiving health information. The top three health topics the respondents sought information on were vaccinations, symptoms of disease, and nutrition. The primary health information sources for the respondents were doctors at nearby community clinics or government hospitals, and none of the respondents sought health information from public libraries. Most respondents acknowledged the importance of being informed about health issues and found it difficult to locate health information on the Internet. High costs and lack of awareness regarding health issues represented the main challenges the respondents encountered when seeking health information. Among the demographic variables, respondents' religion and age were negatively correlated with their interest in health information, while their education status was positively correlated with it.

Conclusion – Public libraries in tribal areas in Bangladesh lacked health information services but recognized the importance of providing them. Tribal women expressed interest in receiving health information, encouraging public libraries to develop and implement related services and programs. Public libraries may consider adding new job titles such as consumer health librarians and partner with other stakeholders for better community engagement. The government of Bangladesh should substantially invest in public libraries as community hubs and minimize bureaucratic hurdles that prevent public libraries from initiating new services. Professional library organizations in Bangladesh may also draw ideas from the study in establishing professional guidelines for health information services and community outreach programs.

Commentary

This study makes original contributions to the much-needed growth of knowledge about providing health information services for diverse populations. Examined under the *CriSTaL Checklist for Appraising a User Study* (n.d.), this study is strong in the following areas: 1) the authors clearly stated their research objectives; 2) data collection instruments had face validity and data collection procedures were thoughtful, as tribal students were employed to assist tribal women in understanding and completing the survey; and 3) suggestions for public libraries' health information services and tribal community engagement efforts were made objectively based on the data.

Although the authors explained the content of the interview and the survey, they did not supply a copy of the instruments as an appendix. Merely based on the reporting of the findings, there seemed to be some misalignment between a stated objective and the data collection instrument. The third objective indicated the study's intent to examine "tribal women's interest in obtaining health information from public libraries," and yet the article did not include any discussion about surveying tribal women regarding their current awareness and use of public libraries, and desired ways of obtaining health information from public libraries. Thus, this objective was not fully accomplished.

Readers of this article would have benefited more if the authors had provided more details regarding their methodological procedures. For example, how were the tribal women recruited? The unit of analysis in the interview study should be libraries, not librarians, as the study aimed to examine “existing community engagement practices of public libraries” and libraries’ “readiness and willingness to provide health information to disadvantaged communities”; thus it would have been necessary to clearly explain whether the 11 librarians represented 11 different public libraries and provide demographic details of each library. In the correlational analyses between demographic variables and tribal women’s interest in receiving health information services, there was no mentioning of which specific statistic was employed for these analyses. The findings indicated “the respondents’ religion” was “negatively correlated with their interest in health-related information.” Yet, religion seemed to be a nominal variable. Thus, it is difficult to comprehend how the correlational analysis resulted in a negative value.

This study sheds light on how public libraries can better provide health information services to meet the needs of tribal women in Bangladesh. Library practitioners, policy makers, and other stakeholders ought to work together to break down the bureaucratic and cost barriers that prevent public libraries from initiating new services and programs. More outreach is needed to raise awareness among tribal women and other disadvantaged communities that public libraries can be a reliable and trustworthy source of health information.

References

CriSTaL checklist for appraising a user study. (n.d.). Netting the Evidence.

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