Evidence Based Library and Information Practice

Evidence Summary

Existing Analytical Frameworks for Information Behaviour Don't Fully Explain HIV/AIDS Information Exchange in Rural Communities in Ontario, Canada

A Review of:
Veinot, T., Harris, R., Bella, L., Rootman, I., & Krajnak, J. (2006). HIV/AIDS Information exchange in rural communities: Preliminary findings from a three-province study. *Canadian Journal of Information and Library Science*, *30*(3/4), 271-290.

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Abstract

Objective –To explore and analyze, against three theoretical frameworks of information behaviours, how people with HIV/AIDS, their friends, and their family living in rural communities find information on HIV/AIDS.

Design – Qualitative, individual, in-depth, semi-structured interviews.

Setting – Two rural regions in Ontario, Canada.

Subjects – Sixteen participants; 10 people with HIV/AIDS (PHAs) and 6 family members or friends.

Methods – Participants were recruited through health care providers, social service agencies and through snowball sampling. Semi-structure interviews were conducted focusing on participants' experience with HIV/AIDS, how they find and use information on HIV/AIDS, networks for information exchange and the effect of technology on information exchange. Interviews were taped, transcribed, analyzed qualitatively using NVivo software. Results were compared to three theoretical frameworks for information behaviour: 1. purposeful information seeking (i.e., the idea that people purposefully seek information to bridge perceived knowledge gaps); 2. non-purposeful or incidental information acquisition (i.e., the idea that people absorb information from going about daily activities); and 3. information gate

keeping (i.e., the concept of private individuals who act as community links and filters for information gathering and dissemination).

Main Results – Consistent with the theories:

- PHAs prefer to receive information from people they have a personal relationship with, particularly their physician and especially other PHAs.
- PHAs' friends and families rely on their friends and family for information, and are particularly reliant upon the PHA in their lives.
- Fear of stigma and discrimination cause some to avoid seeking information or to prefer certain sources of information, such as healthcare providers, who are bound by codes of professional conduct.
- Emotional support is important in information provision and its presence supersedes the professional role of the provider (social workers and counsellors were identified as key information sources over medical professionals in this instance). Participants responded negatively to the perceived lack of support from providers including doubting the information provided.
- PHAs monitor their worlds and keep up to date about HIV/AIDS.

Inconsistent with theories:

- Reliance on caregivers for information is not solely explained by fear of stigma or exposure. Rather, it is the specialized knowledge and immersion in HIV/AIDS which is valued.
- The distinction between peer or kin sources of information and institutional information sources is less clear and relationships with professionals can turn personal over time.
- Inter-personal connections include organisations, not just individuals, particularly AIDS Service Organizations and HIV specialist clinics.
- Relatively few incidents of finding useful information about HIV/AIDS incidentally were described. The concept of information just being "out there" was not really applicable to rural settings, likely due to the lack of discussion within participant communities and local media. When it was discussed, participants reported being more likely to gain *mis*information through their personal networks.
- Incidental information acquisition originates mostly from professional and organisational sources. Participants identified posters, leaflets, and, for those who interacted with organisations, information via mail as contributing to current awareness.
- The gate keeping concept does not capture all the information sharing activities undertaken by "gate keepers" in rural areas, and neither does it include formal providers of information, yet all PHAs interviewed identified formal providers as key sources.

Conclusion – The findings reinforce some of the existing analytical framework theories, particularly the importance of affective components (i.e. emotional supports) of information seeking, the presence of monitoring behaviours, and of interpersonal sources of information. However, alternate theories may need to be explored as the role of institutional information sources in the lives of PHAs doesn't match the theoretical predication and the "gate keeper" concept doesn't capture a significant portion of that role in rural HIV/AIDS information exchange.

Commentary

The results of this particular study are preliminary findings from a larger study, the Rural HIV/AIDS Information Networks Study (2005-2008), whose long-term goal was to investigate new approaches to providing information in rural communities. The latter

study was carried out in Ontario, Newfoundland and Labrador and British Colombia, hence the reference to three provinces of the title of the original article.

That the results of the study under review originate from a larger set of results leads to some contradictions between the methodology described and the results as reported. For example, the methodology section describes the research as being undertaken in three Canadian provinces, and that all phases of the research involved community representatives who interviewed PHAs, their friends, family members, health care providers and service providers. The interviews described covered a broad range of topics.

In contrast, the results reported are based on interviews with 10 PHAs and 6 family members in two areas in Ontario only and focus on a section of the interview that covers the participants' information network related to HIV/AIDS. While this doesn't necessarily detract from the findings, and the authors are clear that these are preliminary findings, it is confusing. In addition, the lack of sufficient detail about the content of the interview questions in general, and the information exchange in particular, even if semi-structured, adds to the overall lack of clarity and begs the question of how representative the participants were and whether there where findings from other areas. Further, the reader is led to wonder why this particular group of 16 was chosen. No details are provided about gender, age, or socio-economic background of participants, leaving the question of whether these factors had an impact on information seeking behaviour unanswered.

While the theoretical frameworks used are well documented and the discussion is thorough, the reference to social network analysis as a potentially more robust theoretical framework could be pursued. An overall explanation of the choice of frameworks would have been a useful addition. The discussion relating findings to theory uncovers areas of divergence from the analytical frameworks and in so doing identifies several areas for further research. Librarians working in rural areas or those targeting rural populations should note the importance of organizations and healthcare professionals in providing information to PHAs and their families, and of incidental information acquisition via clinics, specialist organizations, posters, leaflets and mail inserts. However, it is worth acknowledging that since these are preliminary findings and that the authors intended to conduct further research, no firm conclusions can be drawn from this work alone.

Finally, it cannot be overlooked that this article is dated from 2006 and that the Rural HIV/AIDS Information Networks Study was completed in 2008. Those seeking more comprehensive details might consult Tiffany Veinot's more recent publications on the subject, listed in the reference list.

References

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