Available online at *www.ujpronline.com*
**Universal Journal of Pharmaceutical Research**
***An International Peer Reviewed Journal***
**ISSN: 2831-5235 (Print); 2456-8058 (Electronic)**


**REVIEW ARTICLE**

# FACTORS INFLUENCING ACCESS TO HEALTH INFORMATION AMONG THE ELDERLY PEOPLE IN ZIMBABWE: A SCOPING REVIEW

**Taphros Madondo[1], Nevermore Sithole[2], Rosemary Maturure[1], Alice Dube[3], Sibongile Chituku[4], Emmanuel Ifeanyi Obeagu[5,6*]**

*[1]Africa University, Zimbabwe. [2]College of Business and Management Sciences and College of Engineering and Applied Sciences, Africa University, South Africa. [3]Health Sciences Librarian, College of Health Sciences, Agriculture and Natural Resources, Africa University, Zimbabwe. [4]Department of Public Health and Nursing, College of Health Sciences, Agriculture and Natural Resources, Africa University, Zimbabwe. [5]Division of Haematology, Department of Biomedical and Laboratory Science, Africa University, Zimbabwe. [6]The Division of Molecular Medicine and Haematology, School of Pathology, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa.*

## Article Info:

**Article History:**
Received: 8 June 2026
Reviewed: 7 July 2026
Accepted: 11 August 2026
Published: 15 September 2026

**Cite this article:**
Madondo T, Sithole N, Maturure R, Dube A, Chituku S, Obeagu EI. Factors influencing access to health information among the elderly people in Zimbabwe: A scoping review Universal Journal of Pharmaceutical Research 2026; 11(4): 76-84.
***http://doi.org/10.22270/ujpr.v11i4.1636***

***Address for Correspondence:**
**Dr. Emmanuel Ifeanyi Obeagu,** Division of Haematology, Department of Biomedical and Laboratory Science, Africa University, Zimbabwe. Tel: +234-803-736 9912.
E-mail: *emmanuelobeagu@yahoo.com*

## Abstract

Access to accurate and timely health information is essential for quality healthcare delivery among the elderly people in developing countries including Zimbabwe. Access to quality health information enables people to make informed choices and improves healthcare delivery in developing countries. However, numerous obstacles create significant difficulties for the elderly people when it comes to accessing health information. Therefore, this study sought to identify sources of health information and challenges faced by elderly people in Zimbabwe in accessing health information. This study concludes that elderly people rely on diverse sources of health information such as village health workers, broadcast media, and family members. This study concludes that orally transmitted health information was popular among elderly people due to difficulties in accessing print information sources. Several obstacles hinder access to health information among elderly people in Zimbabwe. These obstacles include low levels of education, poor road networks, limited healthcare workers, and inadequate health facilities, lack of information and communication technology (ICT) infrastructure, misinformation, and affordability of health information, negative attitudes, cultural beliefs and ageism in healthcare. Furthermore, this study recommends targeted and inclusive health information services in Zimbabwe. Designing inclusive, culturally sensitive, age-appropriate health content is important in reaching diverse audiences. This can be achieved through strengthening the National Health Information System in Zimbabwe.

**Keywords:** elderly populations, health information literacy, healthcare provision, information access, information promotion, Zimbabwe.

## INTRODUCTION

Access to accurate and timely health information is essential for quality healthcare and enhanced health outcomes in the 21st century. This is especially important for elderly populations who frequently need complex and continuous care due to age-related conditions including diabetes, cardiovascular diseases, arthritis, and cognitive decline. The transition of global health systems to digital platforms has rendered access, comprehension and utilization of health information essential. Elderly individuals globally encounter substantial obstacles in accessing this information, which intensifies existing health disparities and restricts their capacity to make informed decisions[1,2]. Despite investments in telehealth and electronic medical records, numerous elderly individuals continue to face barriers to full engagement with these technologies, frequently depending on caregivers or in-person consultations. The complexity of health language and information overload can impose cognitive burdens that impede access and use of health information services. In middle- and low-income countries, these challenges are exacerbated by systemic issues, including underdeveloped health infrastructure, high internet access costs, limited health worker capacity, and lower education levels among elderly populations. The digital divide is notably significant in these contexts, with inequalities in access to technology and health services disproportionately impacting older adults[3]. Language barriers, cultural factors and insufficient age-appropriate health content contribute to

the inaccessibility of health information globally. Individuals who experience social isolation, reside in rural regions, or suffer from chronic physical or mental health conditions face an increased risk of exclusion from essential health communications and services[4]. There is an increasing acknowledgment worldwide of the necessity for health communication strategies that are inclusive, culturally sensitive, and specifically tailored to the needs of older adults. Analysing the various barriers that elderly populations encounter in obtaining health information is crucial for enhancing health equity. Accurate health information is essential for informed decisions, policy and better health outcomes. This is especially important in low and middle-income countries including Zimbabwe, where healthcare resources are scarce. Economic hardships and high data costs limit internet access in Zimbabwe, especially for rural and low-income areas[5]. Zimbabwe's elderly are 80% poor[6], making healthcare and information difficult to access. Social determinants of health like education, money, and social support affect their health information availability and usage[7].

This study sought to identify sources of health information and challenges faced by elderly people in Zimbabwe in accessing health information. Examining the barriers that hinder access to health information among the elderly population in Zimbabwe is important in designing inclusive, culturally sensitive, age-appropriate health content. This is important in designing targeted and inclusive health information services. The study recommends strategies to improve access to health information by older people in Zimbabwe. This scoping review sought to map the available evidence, identify gaps in knowledge and any research gaps in challenges faced by elderly people in accessing health information in Zimbabwe. Evidence obtained from this study will inform policy on health information distribution in Zimbabwe. Therefore, the objectives of this study were to identify the sources of health information commonly used by elderly people and to identify and analyze challenges that affect access to health information among the elderly people in Zimbabwe.

## METHODS

This study adopted the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines. A scoping review approach was adopted in this study and we searched papers from PubMed and Google Scholar databases. Policy documents were used in this study. Relevant articles were screened and assessed to ensure eligibility, resulting in a sample of 19 papers for analysis. Scoping reviews are essential to determine the gaps in the existing and emerging literature for future research such as systematic reviews that would need to be undertaken on the broad topics[8]. Scoping reviews, map the available evidence, identify gaps in knowledge, clarify concepts, investigate research conduct, or give a broad overview of a research area before conducting a more focused systematic review[9]. This scoping review examined the existing literature from 1980 to 2025 on challenges faced by the elderly people in Zimbabwe in accessing health information. Elderly people in this study refer to those who are above the age of 65.

**Data collection**

The following section discusses data collection and analysis procedures that were conducted in this study. Articles and reports published in English from 1980 to 2025 in peer-reviewed journals from the PUBMED and Google Scholar databases were reviewed.

**Data sources and search strategy**

PUBMED and Google Scholar databases were identified for the study. The scoping review utilized these databases to generate articles for review in accordance with the inclusion criteria. Search terms included 'health information' AND "elderly people" AND "Zimbabwe". These databases were selected because they yielded relevant results. The combination of search phrases resulted in 74 articles retrieved from these two databases, 24 were from PUBMED and 50 from Google Scholar database. After comparing the two sets, the authors removed 54 publications and left with 16. The authors applied various exclusions and included empirical articles on challenges facing elderly people in accessing health information in Zimbabwe. Only articles meeting the stated criteria were eligible for inclusion. Twenty-five articles were excluded as they focused on other age groups, especially the youths. Thus, 16 studies and 3 reports were included as the final sample, presented in Figure 1.

**Inclusion criteria**

The review included studies that reported challenges faced by the elderly people in Zimbabwe in accessing health information. This study included reports and articles presented in English from January 1980 to July 2025 in peer-reviewed journals. Reports and policy documents obtained from Google Scholar database were reviewed. Grey literature such as dissertations, government reports, and conference proceedings were used in this study. The purpose of this scoping review was to map the entire domain and requires an exhaustive and comprehensive search of literature. Omitting these sources could result in publication bias[10]. Two researchers performed a parallel independent quality assessment of selected articles.

**Exclusion criteria**

The review excluded studies conducted outside Zimbabwe. It also excluded studies on other categories such as pregnant women and the youths.

**Review methods and quality assessments**

Titles and abstracts were reviewed by two researchers and checked by three co-researchers to identify and screen articles that would be relevant to the scooping review. Full texts of articles that met the inclusion criteria were further reviewed. Disagreements and differences were resolved by dialogue until a common ground was found. A manual check was then thoroughly used to check for any possible duplicates. The authors used the Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR) to ensure rigour and provided guidance on knowledge synthesis. The checklist contained 20 essential reporting items and 2 optional

items. Synthesized evidence was mapped in a graph and tables.

**Data extraction**

At the beginning, two researchers individually extracted information from articles for crosschecking. After reviewing a few articles together, the two researchers reached consensus on what to extract from the articles. Then, the researchers split up the work. The two researchers maintained frequent communication during the data extraction process. Articles that were hard to decide were discussed between the researchers. The articles that met the inclusion criteria were identified and selected. A table was used for data extraction to ensure consistent and homogenous data collection criteria by the researchers. Data collected were compared and any inconsistencies were resolved through dialogue to reach a consensus between the researchers.

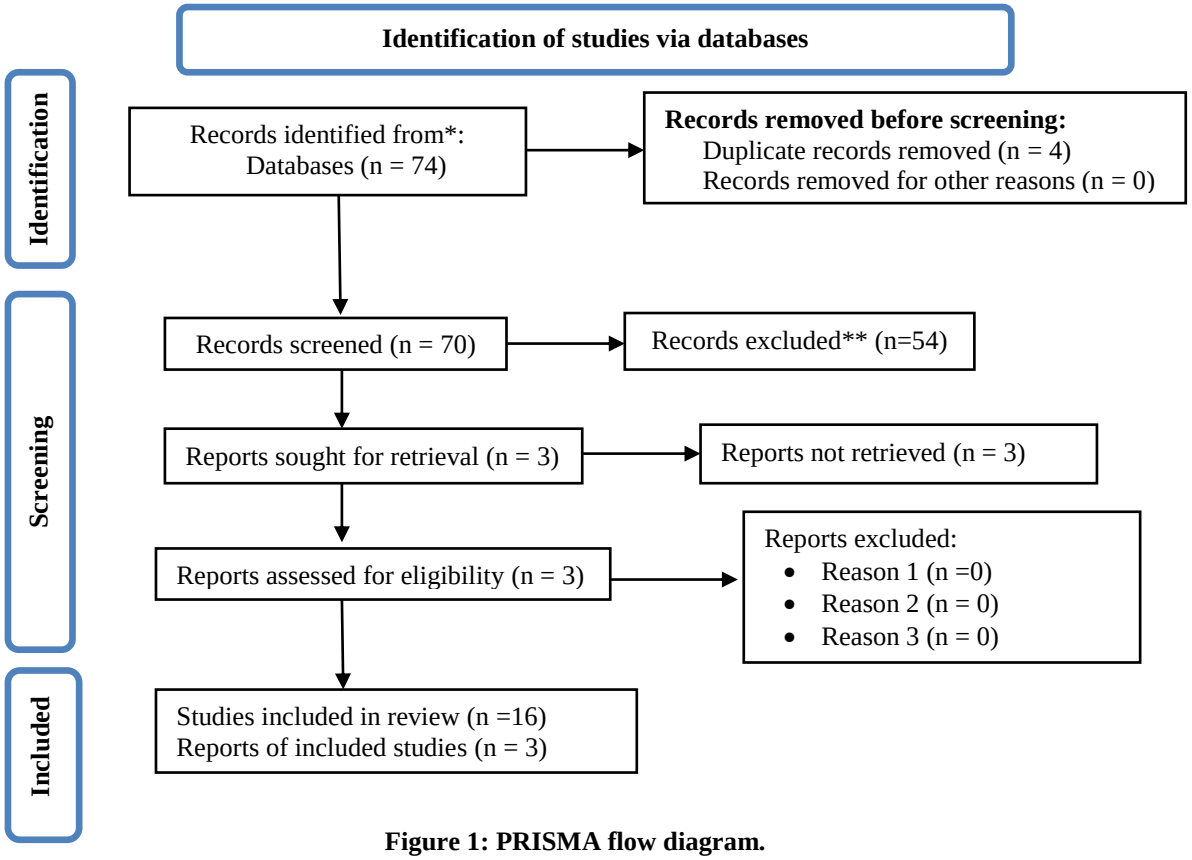


**Figure 1: PRISMA flow diagram.**

**Data analysis**

The findings from the reviewed articles that met the inclusion criteria were qualitatively analyzed. During analysis, tentative codes were created and iteratively modified by the research team. The developed codes were reviewed to show how they relate to each other and to identify the patterns. Categories of data sets were created which finally led to the development of the themes that were finally analyzed in terms of the sources of health information and challenges faced by the elderly people in Zimbabwe in accessing health information.

## RESULTS

Data were abstracted from a total of 16 articles and 3 reports. Figure 1 shows how the inclusion and exclusion criteria were applied to articles identified in the literature searches. The flow diagram depicts the flow of information through the different phases of a systematic review. It maps out the number of records identified, included and excluded, and the reasons for exclusions.

**Summary of included studies**

Nineteen articles were analysed, four articles were published in 2020, three articles in 2018 and 2024 respectively. One of the articles was published in 1993 by Pitts *et al.*[37], Wariva *et al.*[21], Moyo *et al.*[12], Muchenjekwa[24], Mhaka-Mutepfa[27], Midzi, *et al.*[31], Makhubele *et al.*[20], Centre for Community Development Services (CCDS) (2020), Chakanza *et al.*[15], Oliver *et al.*[14], Ndhlovu[17], Gutsa[33], Mackworth-Young *et al.*[32], Ncube *et al.*[25], Zimbabwe National Healthy Ageing Strategic Plan 2017-2020), Taruvinga *et al.*[29], and Sibanda[26]. Government publications were also included in this scoping review. The following were the major contributing journals: Southern African Journal of Communication and Information Science, South African Journal of Information Management, African Journal of AIDS Research, Bulletin of the World Health Organization, Southern African Journal of Communication.

## DISCUSSION

The results of this scoping review contribute to an understanding of the scope and nature of challenges in

accessing health information among the elderly people in Zimbabwe. Through an analysis of 19 articles published between 1980 and 2025, this review identified village health workers, broadcast media and family members as major sources of health information for the elderly and vulnerable populations in Zimbabwe. The predominant focus on village health workers and broadcast media as major sources of health information is highlighted in the majority of the reviewed articles and this aligns with findings from previous studies that alluded to the use of village health workers[11,12], and broadcast media[11,14,15,28] as sources of health information by elderly people in Zimbabwe. The current study established that elderly people rely on village health workers and broadcast media as major sources of health information. These sources of health information are discussed separately in the following sections.

**Table 1: Sources of health information commonly used by elderly people in Zimbabwe.**

| Sources of health information | Statement |
|---|---|
| Village health workers | Limited access to formal health information channels (such as the internet or printed materials) means that elderly people often rely on village leaders, community health workers, and word-of-mouth for health information. |
| Electronic/Broadcast media (radio and television) | Broadcast media in Zimbabwe plays a significant role in disseminating health information to elderly people |
| Peer-to-peer information sharing/family/friends | Due to limited access to formal communication channels, older people often rely on sharing information with each other. However, this can increase the spread of misinformation. |
| Orally-transmitted health information and knowledge | Orally transmitted health information and knowledge obtained orally on healthy ageing and higher life expectancy in rural Zimbabwe. |

**Table 2: Factors hindering access to health information among the elderly people in Zimbabwe.**

| Factors hindering access to health information | Statement |
|---|---|
| Low Levels of Education and Health Literacy | Lower educational attainment among the elderly limits their ability to seek, understand, and use health information effectively. |
| Limited access to Information Infrastructure | Rural areas in Zimbabwe often lack adequate information and communication technology (ICT) infrastructure, such as internet connectivity, libraries, and media outlets. |
| Poor road networks and transportation | Poor road conditions and limited transportation options restrict elderly people's ability to physically reach health facilities or community centers where health information might be available |
| Limited healthcare workforce and facilities | There is a shortage of healthcare workers and inadequate health facilities in many rural areas. This results in fewer opportunities for elderly people to interact with professionals who can provide or clarify health information |
| Affordability | Many elderly Zimbabweans have limited economic resources |
| Negative attitudes and ageism in healthcare | Some elderly people report being ignored or dismissed by healthcare staff, who may attribute their health complaints to "just old age." This discourages them from seeking information or returning to health facilities |
| Individual health and functional status | Physical disabilities, declining mobility, and visual impairments can make it difficult for elderly people to access written or digital health information or to travel to locations where such information is provided |
| Lack of targeted and inclusive information | Health information and services are often not tailored to the specific needs of the elderly, leading to poorly conceptualized interventions that do not address their unique challenges. |
| Disinformation and misinformation | Disinformation and misinformation affect effective dissemination of health information |

**Village health workers**

Results of the scoping review show that Village Health Workers (VHWs) play a vital role in health information dissemination to elderly people in rural communities in Zimbabwe. Previous studies established that Village health workers are important in health information communication[11,12,14]. Village health workers are recognized as a valuable source of health information, which many people utilized to get and also validate health information which they already had[11]. Their familiarity with local customs and languages helps them effectively communicate health information. Disseminating health information is a core component of many CHWs' work[12].

Due to their local trust and accessibility, Village Health Workers play a pivotal role in disseminating health information, particularly in rural communities. This study established that community health workers play an important role in health information dissemination to elderly people in rural communities. In rural areas, where the majority of older persons live, limited access to formal health information channels (such as the internet or printed materials) means that elderly people often rely on village leaders, community health workers and word-of-mouth for health information. Village Health Workers in Zimbabwe play a crucial role in health information dissemination, acting as a vital link between the formal health system and the community. Village Health Workers conduct home visits to engage directly with elderly individuals, ensuring that health information is communicated in a comfortable setting and tailored to individual needs. They educate communities on various health issues and promote healthy practices especially in rural areas. By doing so, Village Health Workers (VHWs) significantly enhance health literacy and access to health information among elderly populations in rural Zimbabwe.

**Electronic/broadcast media**

Results of the current study showed that broadcast media (radio and television) are popular sources of health information among elderly people in Zimbabwe. Electronic media particularly radio and television plays significant roles in disseminating health information to

elderly people in both urban and rural Zimbabwe. For many elderly Zimbabweans, especially in rural areas, radio and television remain the most accessible and trusted sources of health information. These media can reach wide audiences, including those with limited literacy or digital skills[13]. These results are confirmed in a previous study[15] who report Zimbabweans actively pursue health information from diverse sources, including media outlets, healthcare providers and community leaders. During health emergencies like the COVID-19 pandemic, broadcast media played a central role in rapidly disseminating prevention strategies, updates on government policies and information on how to seek medical help[11]. Results of the current study show that radio is the most preferred method for receiving information among older people, especially in urban settings. A previous study[14] established that 74% of the respondents preferred radio to receive COVID-19 related information. Radio coverage is good in all urban settings in Zimbabwe and reasonable in most rural areas. However, some remote parts of the country do not receive any local radio signals, while some older people cannot afford radio sets[14]. Access to radio services can be limited in remote rural areas due to coverage and power cuts. Frequent power cuts occur in many parts of Zimbabwe, thus making radio access intermittent. Despite this, the radio remains the most popular and easiest form of communication. A previous study established that the second and third most preferred communication methods by the older people interviewed are loudspeaker (49%) and worth of mouth (35%), respectively[14]. Pitts *et al.*[37], found that newspapers were the most important medium for conveying information about HIV/AIDS. A study on sexuality among the elderly in Dzivare-sekwa district of Harare, established that the majority of the informants said that they got information on HIV and AIDS mainly through public broadcasting media (radio and television)[29]. Further to that, a previous study established that some informants were no longer regularly getting this information from the media as Dzivaresekwa (a high-density area) had been seriously affected by power failures due to 'load shedding' by Zimbabwe's power utility company[29]. The endless electricity blackouts meant that they had less access to HIV/AIDS-oriented information, education and communication (IEC) campaigns on radio and television. A previous study established that during the COVID-19 pandemic, the people of rural Gwanda preferred information sources that relied on word-of-mouth, such as village health workers, broadcast media (radio) and family/friends[11]. In this view another study states that "there is a need to improve elderly people's access to IEC campaigns in order to improve their own health[29]. We conclude that the popularity of these information sources among the elderly in Zimbabwe is largely due to their accessibility, cultural relevance, and the trust built within community networks. Orally transmitted health information and knowledge is widely used in Zimbabwe particularly among elderly populations who rely less on printed information sources. Visual impairments can make it difficult for elderly people to access written or digital health information or to travel to locations where such information is provided[16].

**Orally transmitted health information and knowledge**

Elderly people in rural communities also rely on age-old orally transmitted health information and knowledge. A previous study state the culturally-transmitted health information includes advice on proper nutrition and medical practices, which leads to healthy ageing and high life expectancy. Furthermore, the transmission of health information plays a crucial role in promoting healthy aging and high life expectancy. Study, revealed that there was widespread use of traditional food and medicine among the elderly in the Mazungunye community. These authors conclude this extensive use proceeds from the health information and knowledge that was transmitted to them by their forefathers orally[17].

**Internet sources**

The Internet has emerged as an innovative tool that older adults can use to obtain health-related information. This study established limited use of internet sources due to digital divide, digital illiteracy, limited access and affordability of data bundles to enable access to the internet. Rural areas in Zimbabwe often lack adequate information and communication technology (ICT) infrastructure, such as internet connectivity, libraries and media outlets[11]. In addition, these authors state that challenges in accessing information were attributed to the lack of information and communication technologies infrastructure and the digital divide, as COVID-19 information was primarily available online. This makes it difficult for elderly people to access timely and reliable health information. Lack of information and communication technology infrastructure is prevalent across rural Zimbabwe and this is characterized by poor information access. Affirming this, previous studies reported that rural areas in Africa are characterized by poor information access, infodemic and poor health literacy as they have limited access to the media and very few persons have devices and gadgets that provide media content[30,31]. Bridging the digital divide through infrastructure and access initiatives will improve health information access in rural communities in times of pandemic[11].

**Factors that hinder access to health information by the elderly populations**

This scoping literature review is an analysis of factors that hinder access to health information among elderly people in Zimbabwe. The major outcome of the scoping review is the identification of factors that hinder access to health information such as educational level, health information literacy. In addition, the review articulates that these challenges are not merely socio-economic status, educational and distance to health facilities. For example, elderly people are usually underserved due to the absence of inclusive health policies that cater for the needs of all citizens of Zimbabwe. The following sections discuss in detail the factors that hinder access to health information by elderly people in Zimbabwe.

**Educational level**

Education plays a crucial role in the use of health information by older people in Zimbabwe. Education plays a critical role in how older people access and utilize health information. Lower educational attainment among the elderly limits their ability to seek, understand, and use health information effectively[11]. Education plays a significant role in determining how elderly people in Zimbabwe access and use health information. Individuals with higher education levels are more likely to possess the reading, writing and comprehension skills necessary to understand health information, follow medical instructions and engage in effective self-care. An extra year of education leads to an 18% increase in the likelihood of reading newspapers[32]. Affirming this, a previous study report that since only limited access to television is enjoyed in Zimbabwe and although radio broadcasts are valuable sources of information, national newspapers are the most important source of information reliably reaching the largest number of people[33]. Newspapers have, in fact, been cited by social workers as the major source of information on AIDS and HIV in Zimbabwe. They inform, influence the setting of agendas on issues, and can alter or reflect people's consciousness on involved issues. In their study on HIV knowledge in Zimbabwe[32], found access to news media outlets as a mechanism by which the more educated might obtain more information about HIV. A study established that 46% of older people interviewed indicated that they experienced barriers in accessing COVID-19 related information[14]. Education enhances understanding of health information, allowing older individuals to make informed decisions about their health and wellbeing.

**Disinformation and misinformation**

Disinformation and misinformation affect effective dissemination of health information in developing countries including Zimbabwe. A result of the current study concludes that misinformation affects reception and use of health information by elderly people in Zimbabwe. Various scholars examined the effects of misinformation on reception and use of health information in Zimbabwe. For example some researchers[11,27,34], conducted several studies on health information seeking behavior of rural communities in Zimbabwe. In another study on community perspectives on the COVID-19 response in Zimbabwe[27], established that individuals were overloaded with information but lacked trusted sources, which resulted in widespread fear and unanswered questions. A survey conducted by in a study in two districts in Zimbabwe found that there was much misinformation circulating about the virus[14]. Total 46% of the older, people surveyed responded that they were experiencing difficulties in accessing COVID-19 related health messaging. This is caused in part by limited communication coverage in the form of television, telephone and radio for a large number of older people in Zimbabwe. This in turn has led to peer-to-peer information sharing being the most prevalent method of spreading information. However, this method is likely to increase the amount of misinformation circulating within Zimbabwe[14]. A previous study found that lack of appropriate knowledge, incorrect beliefs and misinformation misleads people about the risks they face and how best to protect themselves[34].

**Affordability and accessibility of health information**

Results of the current study show that user fees resulted in inaccessibility of some medical services since most elderly people cannot afford them. A previous study on healthcare provision in Ethiopia, Mozambique, Tanzania and Zimbabwe found that out-of-pocket expenditure remains high[16]. Most elderly people cannot afford out-of-pocket payments. Consequently, this has resulted in limited access to health information. Affirming this, another study states that older people are at a disadvantage when it comes to accessing health information[2].

**Low levels of education and health literacy**

Examined studies show that education significantly enhances the ability of older people to utilise health information effectively. From the analysis, it is clear that education is a fundamental factor in improving health literacy and enabling older people to effectively use health information. Education significantly affects elderly people's ability to access, understand and use health information.

According to a previous study the more educated react to health information more powerfully than the less educated[36]. Education increases the understanding, application and use of health information by elderly people. Lower educational attainment among the elderly limits their ability to seek, understand and use health information effectively[11,18]. This includes a lack of knowledge about the benefits of seeking health information and how to interpret it. Higher education levels are associated with health information literacy. In this view, education plays a significant role in determining how elderly people access and use health information. Individuals with higher education levels are more likely to possess the reading, writing, and comprehension skills necessary to understand health information and ability to follow medical instructions. Extending this line of argument[20] states, "health education is necessary to assist those with poor educational backgrounds". Education can help combat misinformation by equipping older people with the skills to evaluate the credibility of health information sources. Elderly people with limited education may not fully understand the benefits of seeking health information or may lack the confidence to ask questions and clarify doubts with healthcare providers[11]. Another study in the Gokwe South District in the Midlands Province of Zimbabwe found that the community members faced varied challenges when accessing health-related information, which included digital illiteracy, the lack of health information centers, geographic seclusion of communities, and information format challenges[21]. Therefore, there is a need to repackage health information targeting specific age groups in order to improve use of health information services across Zimbabwe.

**Negative attitudes, cultural beliefs and ageism in healthcare**

Some elderly people report being ignored or dismissed by healthcare staff, which may attribute their health

complaints to "just old age." This discourages them from seeking information or returning to health facilities[16]. In addition, Zimbabwean elders' cultural beliefs deeply influence how they use and interpret health information, often shaping both their health-seeking behaviors and their acceptance or rejection of modern medical advice. Cultural beliefs and social norms significantly shape health information utilization among elderly populations in Zimbabwe. Spiritual explanations of illness, religious objections to modern medicine and marginalization of indigenous knowledge systems influence the use of health information by the elderly. Cultural meanings attached to aging influence how elderly people perceive and use health information. In some cases, health issues may be normalized as part of ageing, reducing the perceived need to seek information or care[19]. Illnesses perceived as severe are rarely linked to natural causes, leading to rejection of health information that contradicts spiritual frameworks.

**National Health Information System**

Results of the analysis and synthesis of selected studies show the need for a robust health information system in Zimbabwe to enable effective health information dissemination. Information dissemination is a key element in health promotion efforts. According to a previous study little attention has been given to holistic, integrated information-based health promotion strategies in Zimbabwe[34]. A robust health information system supports the delivery of health care by providing targeted health information services. The integrated health information system should be able to capture real time data across the country to facilitate evidence-based policy making about older peoples' health information needs. There is a need for the strengthening of the national health information system in Zimbabwe. Use of the national health information system enables policy makers to make informed decisions about targeting services specifically for elderly populations. This makes information available, ensuring that available information is reliable and accessible.

In addition, this fosters utilization of information for policy making, programme planning, implementation, monitoring and evaluation. Affirming this, the study emphasizes that "the data should be accurate, timely and complete in order to guide health managers and staff to effectively plan, implement, monitor and evaluate health services being provided"[36]. This is important in order to provide targeted and inclusive health information services specifically to the older populations in the country.

**Lack of targeted and inclusive health information services**

A study in Chivi south district in rural Zimbabwe established that health information and services are often not tailored to the specific needs of the elderly, leading to poorly conceptualized interventions that do not address their unique challenges[19]. In the context of health information, sources of health information play a significant role in the use and believability of the content of previous studies[36,37,38]. In other words, even if the content is relevant, it should be disseminated from the right source, in the right format, using the right channel to fully meet a health information need. "It is therefore difficult to separate the concept of information needs from information sources[39-42].

**Limited healthcare workforce and facilities**

Limited healthcare workforce and facilities in Zimbabwe have a profound impact on access to health information among elderly and those living in rural areas. Study found that Gwanda rural communities encountered several obstacles that hindered access to information[11]. These obstacles included poor road networks, limited healthcare workers, inadequate health facilities, and a lack of information and communication technology (ICT) infrastructure.

## CONCLUSIONS AND RECOMMENDATION

Elderly people in Zimbabwe access health information from a variety of sources. This scoping literature review concludes that elderly people rely on diverse sources of health information including village health workers, broadcast media,orally transmitted health information (word of mouth) and family members as major sources. Community health workers play an important role in health information dissemination to elderly people in rural communities. This study concludes that several obstacles hinder access to health information among elderly people in Zimbabwe. This study concludes that insufficient information and communication technology infrastructure such as internet connectivity and limited access to broadcast media particularly in rural areas hinder access to health information by elderly people in Zimbabwe.

Provision of targeted and inclusive information will result in acceptance and wide use of health information thereby improving its use by elderly people in Zimbabwe. This study recommends a needs-based, integrated information dissemination framework for promoting health information among the elderly populations in Zimbabwe. The Government of Zimbabwe should give attention to holistic, integrated information-based health promotion strategies in Zimbabwe.

Strengthening the national health information system results in important improved data quality, informed policy making, better allocation of resources and the integration of services. Access to comprehensive and timely health information allows policymakers to develop and implement effective health policies and programs that address the specific needs of the population. Health information must be provided in local languages to accommodate those with low levels of education to understand and make informed decisions.

The authors recommend that community-based initiatives like workshops on nutrition, stress management, exercising be introduced so that the elders can be kept abreast of health issues. The government must allocate adequate budget to support health information dissemination in rural and urban areas. The government can also partner with local companies to provide support to local communities.

## ACKNOWLEDGEMENTS

The authors sincerely acknowledge the support and contributions of all individuals and institutions whose efforts facilitated the completion of this scoping review. The authors further acknowledge the broader health and social care community in Zimbabwe for its continuing efforts to improve access to health information and promote healthy ageing among older people.

## AUTHOR'S CONTRIBUTIONS

**Madondo T:** formal analysis, conceptualisation, data organisation, writing original draft. **Sithole N:** literature survey. **Maturure R:** data analysis, critical review. **Dube A:** data analysis, data extraction. **Chituku S:** literature survey, study selection, data interpretation. **Obeagu EI:** supervision, critical review. Final manuscript was checked and approved by all authors.

## DATA AVAILABILITY

The related author can provide the empirical data supporting the study's conclusions upon request.

## CONFLICT OF INTEREST

There are no conflicts of interest in regard to this project.

## REFERENCES

1. Norman CD, Skinner HA. Digital health literacy among elderly populations: A systematic review. J Med Int Res 2023.
2. WHO (2021). Global Report on Digital Health 2021: Digital transformation for health and healthcare. World Health Organization.
3. Wang Y, Zhang D. The digital divide and elderly health information access: Barriers and facilitators. Soc Sci Med 2022.
4. Morris. Social isolation and health information access among elderly populations in sub-Saharan Africa. Health Communication 2023.
5. Freedom House. Internet Freedom 2023: Global Analysis of Internet Censorship and Surveillance, 2023.
6. Zimbabwe National Statistics Agency. Poverty statistics, 2020.
7. WHO. Atlas of health and climate 2012.
8. Verdejo C, Tapia-Benavente L, Schuller-Martínez B, *et al*. What you need to know about scoping reviews. Medwave, 2021;21:2. *https://doi.org/10.5867/medwave.2021.02.8144*
9. Obeagu EI. Elderly coagulation risk in a globalized world: burden, biomarkers, and management in Africa–a narrative review. Annals Med Surg 2025; 87(11):7457. *https://doi.org/10.1097/MS9.0000000000003994*
10. Munn. PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews): A new approach to enhance transparency in scoping reviews. BMJ 2018.
11. Budgen D, Kitchenham B, Charters S, *et al*. Preliminary results of a study of the completeness and clarity of structured abstracts. In 11th international conference on Evaluation and Assessment in Software Engineering (EASE). BCS Learning Development 2007. *https://doi.org/10.14236/ewic/EASE2007.7*
12. Moyo A, Pasipamire N. Health-information-seeking behaviours of Gwanda Rural Communities during the COVID-19 pandemic. Southern Afr J Communica Informat Sci 2024; 2(1): 50-67.
13. Obeagu EI, Parray AR. Beyond the hospital walls: community-based approaches to leukemia management in older adults. Annals of Medicine and Surgery 2026; 88(2):1657. *https://doi.org/10.1097/MS9.0000000000004728*
14. Oliver J, Ferdinand A, Kaufman J, *et al*. Community health workers' dissemination of COVID-19 information and services in the early pandemic response: A systematic review. BMC Health Services Research 2024; 24(1):711. *https://doi.org/10.1186/s12913-024-11165-y*
15. Chakanza R, Mpofu S. Digital technologies and public health communication in Zimbabwe: The case of Harare Health Services Department. Southern Afr J Communicat and Informat Sci 2025; 2(2):25-46.
16. Centre for Community Development Services (CCDS). (2020). Zimbabwe–COVID-19 rapid needs assessment of older people.
17. Ndhlovu K. An investigation into the uptake of free maternal health services in Rural Zimbabwe: A case of Daluka Ward in Lupane District (Doctoral dissertation, Lupane State University), 2014.
18. Help Age International. Cash transfers and older people's access to healthcare: A multi-country study in Ethiopia, Mozambique, Tanzania and Zimbabwe, 2024.
19. Ukibe N, Dike CR, Ihim A, Ukibe E, Ukibe B, Ukibe V, Obeagu EI. Immunological changes with age and innovative approaches to bolster immune function in older adults. IDOSR J Sci Res 2024; 10. *https://doi.org/10.59298/IDOSRJSR/2024/1.1.11.100*
20. Nyahunda L and Makhubele J. The importance of oral transmission health information and knowledge for healthy ageing and high life expectancy: The case of the Mazungunye community, Masvingo Province, Zimbabwe. Southern Afr J Folklore Studies 2018; 28:2. *https://doi.org/10.25159/1016-8427/4310*
21. Wariva E, January J, Maradzika J. Medication Adherence among elderly patients with high blood pressure in Gweru, Zimbabwe. J Public Health Afr 2014; 5(1): 304.
22. Muzvidziwa E. Access to health care and its determinants: The case of older persons in Chivi South district, Zimbabwe. University of Kwa Zulu-Natal, 2024.
23. Obeagu EI. Late-stage leukemias in aging populations: A public health call for integrated and personalized care models. Annals Med Surg 2025; 88(1):534. *https://doi.org/10.1097/MS9.0000000000004412*
24. Muchenjekwa I. Assessment of health literacy among adult inpatients and implications for self-care management at Harare Central Hospital and Parirenyatwa Group of Hospitals in 2019 (Doctoral dissertation, University of Zimbabwe).
25. Ncube MM, Tsvuura G. Access to health-related information in a selected community in the Gokwe South District, Zimbabwe. Mousaion 2020;38:20. *https://doi.org/10.25159/2663-659X/7668*
26. Sibanda A. An investigation into the uptake of free maternal health services in Rural Zimbabwe: A case of Daluka Ward in Lupane District 2017.
27. Mhaka MM. Sociodemographic factors and health-related characteristics that influence the quality of life of grandparent caregivers in Zimbabwe. Gerontology and Geriatric Medicine. Gerontol Geriatr Med 2018; 4: 2333721418756995. *https://doi.org/10.1177/2333721418756995*
28. Government of Zimbabwe. Zimbabwe National Healthy Ageing Strategic Plan 2017-2020: Ministry of Health and Child Care in Partnership with World Health Organization and Age International.
29. Taruvinga M, Simbarashe GC. Elderly and rural health Care in Zimbabwe: Exploration on available health care systems and challenges faced in accessing health services. J Studies Management Planning 2015; 1(8): 192-207.
30. Obeagu EI, Parray AR. Aging with leukemia: Public health strategies for optimizing quality of life and palliative care in refractory cases. Annals Med Surg 2025; 87(10):6646. *https://doi.org/10.1097/MS9.0000000000003815*
31. Midzi N, Mutsaka MMJ, Charimari LS, *et al*. A qualitative study of knowledge, beliefs and misinformation regarding COVID-19 in selected districts in Zimbabwe. BMC Public Health 2024; 24(1): 2637. *https://doi.org/10.1186/s12889-*

32. Mackworth YCR, Chingono R, Mavodza C, *et al*. Community perspectives on the COVID-19 response, Zimbabwe. Bulletin of the World Health Organization 2021; 99(2): 85-91. *https://doi.org/10.2471/BLT.20.260224*
33. Gutsa I. Sexuality among the elderly in Dzivaresekwa district of Harare: The challenge of information, education and communication campaigns in support of an HIV/AIDS response. Afr J AIDS Res 2011; 10(1): 95-100. *https://doi.org/10.2989/16085906.2011.575552*
34. Leath BA, Dunn LW, Alsobrook A, *et al*. Enhancing rural population health care access and outcomes through the telehealth Eco System model. Online J Public Health inform 2018; 10 (2):e218. *https://doi.org/10.5210/ojphi.v10i2.9311*
35. Ogunkola IO, Adebisi YA, Imo UF, *et al*. Rural communities in Africa should not be forgotten in responses to COVID-19. Int J Health Plann. Manage 2020; 35 (6):1302-5. *https://doi.org/10.1002/hpm.3039*
36. Kondreddy VK, Saini D, Bhoumik MK, *et al*. Analytical method development and validation of antihypertensive drug telmisartan and hydrochlorothiazide by using RP-HPLC. Biochem Cell Arch 2025; 25(2):1987-1993. *https://doi.org/10.51470/bca.2025.25.2.1987*
37. Pitts M, Jackson H. Press coverage of AIDS in Zimbabwe: A five-year review. AIDS Care. 1993; 5(2): 223-30. *https://doi.org/10.1080/09540129308258603*
38. Cesur R, Dursun B, Mocan N. The impact of education on health and health behavior in a middle-income, low-education country NBER Working Paper No. 20764 December 2014. *https://doi.org/10.3386/w20764*
39. Matingwina T, Raju J. An integrated framework for disseminating health information to students in Zimbabwe. Libri 2016. *https://doi.org/10.1515/libri-2016-0054*
40. Kwan MYW, Lowe D, Taman S, *et al*. Student reception, sources, and believability of health-related information. J American College Health 2010; 58(6): 555–562. *http://dx.doi.org/10.1080/07448481003705925*
41. Government of Zimbabwe. Ministry of Health and Child Welfare. Zimbabwe Health Information System Strategy.
42. Zullig KJB, Reger-Nash, Valois RF. Health educator believability and college student self-rated health. J American College Health 2012; 60(4): 296–302. *http://dx.doi.org/10.1080/07448481.2011.604368*