



WhatsApp and Wellbeing: Investigating the Drivers and Obstacles in Health Literacy and Information Seeking Among African Immigrants

Sunday Olawale Olaniran

*College of Law, University of South Africa
olaniso@unisa.ac.za*

Purpose: The purpose of this study is to investigate health information seeking behavior of African Immigrants in Canada.

Study design/methodology/approach: Survey research design was employed in this study. Web-based questionnaire was used to collect data from 32 participants who are members of a WhatsApp Group for African Immigrants in Vancouver BC. Descriptive statistics of simple percentage was used to analyze the data.

Findings: The study examined motivation for using WhatsApp as a source of health information seeking, familiarity with and affordability of healthcare plan in Vancouver BC, and the healthcare access challenges of African immigrants. While most respondents reported familiarity with the healthcare system in Vancouver, BC, only a few of them had a family physician, indicating a gap between perceived knowledge and practical engagement with healthcare professionals. Many participants relied on WhatsApp for health information; however, such platforms often provide only temporary solutions, underscoring the importance of professional healthcare consultations.

Limitations: The study's participants were selected through purposive sampling which cannot be representative of the population as a whole. Also, using a Web-based questionnaire as a data collection instrument and focusing on the participants who are members of a Whatsapp Group restricted the size of the sample.

Originality/value: This study contributes to the ongoing discourse on the use of Social Media beyond mere social interaction. It also creates a call-to-action for healthcare stakeholders in multicultural societies on the need to rethink culturally-appropriate healthcare access.

Keywords: Health information seeking, healthcare access, African immigrants, WhatsApp.

Introduction

Health information seeking behavior is one of the most addressed topics in the health and information science literature today. Health information seeking in population health is significant because it can empower individuals and groups to better understand health concerns, and facilitate improved health condition management (Di Novi, Kovacic & Orso, 2024). Health seeking, according to Oberoi et al (2016) is the process of taking actions that a person believes will bring solution to their health problem or illness.

Among the African population in Canada, studies have shown underutilization of healthcare services (Whitley et al., 2017; Boukpepsi, Kpanake & Gagnier, 2023). Some of the factors responsible for underutilization of healthcare among African immigrants could be economic or cultural (Lin et al., 2015). Traditional health beliefs and practices persist among Africans, and African immigrants may prefer seeking health-related information from peers who share those cultural norms and understand alternative approaches to health that align with their backgrounds. The high costs of healthcare service in Canada can also be a constraint for many African immigrants and relying on peers for health information and advice may be seen as a

more affordable option than formal medical care (Omenka, Watson & Hendrie, 2020). Moreover, The Canadian healthcare system can be complex and unfamiliar for newcomers. Many African newcomers to Canada seek health information from peers with the belief that those who have already navigated the system can provide practical advice on accessing services, understanding processes, and finding culturally sensitive care. Social media platforms such as Facebook and Whatsapp have made information seeking and sharing easier and possible among people with similar cultural backgrounds. African immigrants often rely on social networks for emotional and informational support. WhatsApp groups offer a community where members share not only health information but also personal experiences, which can reduce feelings of isolation and improve overall well-being. WhatsApp is widely accessible, requiring only an internet connection, and many people are already familiar with it. This convenience makes it easy for immigrants to access information, ask questions, and get quick responses from peers. This study, therefore, aims to investigate health information seeking behaviour of African Immigrants in Vancouver BC, with a focus on those who use Whatsapp Groups to socialize.

In view of the above, the study raised the following questions:

1. How do African immigrants in Canada perceive the Canadian healthcare system?
2. How do peer networks on Whatsapp address concerns African immigrants might have towards the Canadian healthcare system?

Literature Review

African immigrants are among the fastest growing immigrant population in Canada (Omorodion, 2024). African immigrants, having come from regions where they speak different languages to those used in Vancouver, experience the challenge of language barrier while attempting to seek for health information in the province. In their article, Pandey et al. (2022) stated that many immigrants face the challenge of language barrier when they come to Canada. The inability of newcomers from African countries to communicate effectively in English or French might be a significant determinant of these immigrants seeking health information from peers. Furthermore, African Immigrants may find it difficult to access health information that takes into account their specific cultural practices, traditional medicine, or health beliefs. In peer groups, members can share information that is culturally relevant and aligned with their needs.

Education and health information seeking

Education plays a crucial role in making informed decisions (Olaniran & Perumal, 2021). When discussing health seeking behaviour of black immigrants in Canada, Tiruneh et al. (2024) argued that education attainment plays a role in the ability of immigrants to seek information regarding their health. Also, African immigrants coming to Canada must learn one of the two official languages, English or French, to effectively communicate and get health information. When immigrants are unable to speak the main language of their new environment, seeking appropriate health information becomes difficult. Al Shamsi et al (2020) notes that language barrier leads to health disparities like unequal treatment of patients. It is difficult for a health practitioner to offer appropriate information to a patient unless the practitioner understands what the patient is saying. In the same vein, a patient would not understand information coming from a health practitioner unless they speak similar language. In fact, African immigrants might use health information from health practitioners inappropriately because they do not understand it.

Language Barriers and Health Information Seeking

Health information access by African immigrants may be influenced by the nature of Canada's healthcare system. According to Lane and Vatanparast (2022), language difficulties are not the only barrier experienced by immigrants to access health information, but also traditional beliefs, cost, lack of familiarity, and health illiteracy. That is, the behaviour of African immigrants of accessing health information is affected by many factors as a whole or partially. Woodgate et al. (2017) notes language barrier as one of the challenges facing African Immigrants in accessing primary healthcare in Canada. It is noteworthy that the dominant use of English and French in many countries in Africa is a direct legacy of colonization (Leglise & Migge, 2007). During the colonial era, European powers imposed their languages as administrative and educational standards, often suppressing indigenous languages (Manan et al., 2024). For many immigrants of African descent in Canada, this linguistic history influences their ability to navigate essential services, including healthcare. While some immigrants may have proficiency in English or French due to education or professional experience in their home countries, others who primarily speak indigenous languages or dialects before migration may face significant language barriers in healthcare access. This can constrain them and limit their ability to communicate effectively with healthcare providers, understand medical terminology, or access healthcare information and resources. In a similar study conducted by Lin (2022), newcomers to Canada who are not fluent in English or French report challenges in explaining their symptoms, understanding diagnoses, or following prescribed treatments, leading to lower satisfaction with care and poorer health outcomes.

Social Networking and Health Information Seeking

The article by Lane and Vatanparast (2022) has the strength of focusing on several factors that determine the behavior of African immigrants when seeking information. Specifically, immigrants from Africa might be experiencing conformity difficulties with the healthcare system in Canada because they are not familiar with it. Studies have also revealed that African immigrants often rely heavily on their social networks for health information (Jackson-Best, 2020; Odhiambo et al., 2022). Family members, friends, and community leaders are frequently the first point of contact for health-related queries. While this can provide valuable support, it may also lead to the spread of misinformation or delayed professional medical intervention.

Another notable pattern is the underutilization of preventive health services. Many African immigrants tend to seek medical care only when symptoms become severe, rather than engaging in regular check-ups or screenings (Boukpepsi, Kpanake & Gagnier, 2023). This behavior can be attributed to various factors, including lack of awareness about the importance of preventive care, financial concerns, and cultural norms that prioritize curative over preventive measures.

The length of time an immigrant has been in Canada also influences their health information seeking behaviour. Those who have been in the country longer generally become more familiar with the healthcare system and are more likely to seek professional medical advice. This suggests that acculturation plays a significant role in shaping health-related behaviours over time.

Gender and Health Information Seeking

Gender differences are also evident in health information seeking patterns. Women, particularly mothers, tend to be more proactive in seeking health information and accessing healthcare services compared to men. This gender disparity may be rooted in traditional roles and societal expectations within many African cultures. To address these challenges and improve health

outcomes for African immigrants, a multi-faceted approach is necessary. Healthcare providers and policymakers must work towards creating culturally sensitive services that respect and incorporate African health beliefs while educating about the Canadian healthcare system. This could include developing health information materials in multiple languages and formats that are accessible to individuals with varying levels of health literacy.

Methodology

Survey research design was adopted for this study. Survey research is suitable for this study because it encourages the gathering of reliable data through questionnaires, and Focus Group (Story & Tait, 2019). African Immigrants who live in Metro Vancouver served as the population for the study. Purposive sampling technique was adopted to select the sample for this study. The justification for using purposive sampling to select participants for this study is anchored on the submission of Neuman (2014) that using purposive sampling in research allows the researcher to have easy access to the target audiences and have quick access to information. Therefore, the African immigrants who use WhatsApp Groups to access and share information became the sample for this study. Data for the study was collected using a Web-based survey which was designed on Qualtrics. The research instrument was administered mainly among the African Immigrants who are members of a WhatsApp Group established to bring African Immigrants in Vancouver together. In other words, we reached out to participants on this designated WhatsApp Group asking about their potential interest in taking part in a small study on the health information-seeking behavior of African Immigrants in Vancouver, BC. A consent form was embedded into the survey and participants were asked to consent by ticking a box. The responses of the participants that consented were retrieved from the survey for analysis. The analysis of the participants' quantitative data was done using descriptive statistics of percentage and frequency, while the participants' qualitative data was analysed thematically.

Ethical Considerations

Necessary ethics procedure were observed while conducting this study. The participants of the study were assured that the data obtained would be treated with utmost confidentiality, and that the results of the findings would be used for research purposes only. This was communicated to the participants through the Informed Consent Form. Similarly, to ensure that the participants feel safe, they were not required to give their names, addresses and any personal identifier anywhere in the research instrument. In addition, the findings of the study were reported in such a way that the participants' identity will not be traceable.

Data Analysis

The analysis of the findings was presented under the following themes: Demographic characteristics of the respondents; Perceptions and experiences of African Immigrants with the healthcare system in Canada; and the use of WhatsApp for health information seeking and sharing.

Demographic Characteristics of the Participants

The demographic data of the respondents were analysed in this section. This was done with the aim of identifying whether there is a relationship between the respondents' demographic characteristics and their health information seeking behaviour.

The respondents for the study were purposely selected from a WhatsApp Group of African Immigrants living in Vancouver B.C. Data on the respondents' age presented on Table 1 revealed that 52 percent of the respondents are between the ages of 30 and 39. This age group (i.e. 30–39 years), which accounts for 52% of the presented demographic, represents an

important segment of decision-makers among African youths traveling to Canada for work and study. This age group is also a reflection of the Canadian immigration policy that prioritizes individuals who are young, highly skilled, educated, and experienced, and most Africans in their 30s meet these criteria. Moreover, Individuals in this age range are typically at the peak of their career development and family responsibilities, making informed health decisions not only for themselves but also for their family members.

Table 1: Age of the respondents

Age	Percentage
18-29	31%
30-39	52%
40-49	14%
50 and above	3%

Gender Analysis

The gender distribution of respondents, as presented in Table 2, revealed that more male respondents (68%) than female (32%) completed the survey. This result could mean that male residents of African descent in Vancouver BC seek health information more than their female counterparts. This result is contrary to the findings of Tiruneh et al. (2024) which reveals that black women were three times more likely than black men to engage in favorable health-seeking behaviors.

Table 2: Gender of the respondents

Gender	Percentage
Female	32%
Male	68%
Nonbinary	0%

Years of Residence

Table 3 also presented an analysis of the respondents' years of residence in Vancouver BC. While the years of residence in a system could be a pointer to the level of experience that a resident possess about the system, it is important to note that some of the respondents relocated to Vancouver from another City in BC with prior knowledge about the Provincial Healthcare System.

Table 3: Respondents' Years of Residence

Year of Residence	Percentage
Less than 1 year	31%
1 to 3 years	52%

4-6 years	14%
7 years and above	3%

Respondents' Educational Qualifications

Further breakdown of the results of the analysis showed that the majority of the respondents possessed bachelor's and master's degree. This means that most of the African Immigrants that responded to the survey have relevant educational qualifications to make informed health decisions. Talking about the relationship between level of education and health seeking behaviour, a study on the influence of education on health by Raghupathi and Raghupathi (2020) revealed that adults with higher educational attainment have better health-seeking behavior compared to their less-educated peers.

Table 4: Respondents' Level of Education

Level of Education	Percentage
Diploma	14%
Bachelor degree	31%
Master's degree	41%
Doctorate degree	14%

Employment Status

Results of the analysis on the respondents' employment status on Table 5 revealed that the majority of the respondents are employed with 38 percent in full-time employment, and 38% in part-time employment. While there are students on full time studies (21%) among the respondents, being employed in Canada is a good sign that an individual is supported in making informed health decisions, especially with health benefits that come with employment opportunities.

Table 5: Employment Status

Status	Percentage
Full time employment	38%
Part-time employment	38%
Full time study	21%
Self-employment	3%

Proficiency in the Official Languages

Demographic information on the level of respondents' proficiency in the two Canada's official languages, English and French, is necessary to determine the respondent's health seeking behaviour. As presented in Tables 6 and 7, the majority (76%) of the respondents have excellent proficiency in English Language. Meanwhile, 50 percent declared to have poor proficiency in French, while 21 percent described their proficiency in French to be terrible.

However, the respondents' data on the English proficiency is more relevant in this study since English is the official language of the study's location, Vancouver BC.

Table 6: Respondents' Proficiency in English

Level of Proficiency	Percentage
Excellent	76%
Good	17%
Average	7%

Table 7: Respondents' Proficiency in French

Level of Proficiency	Percentage
Excellent	7%
Good	4%
Average	18%
Poor	50%
Terrible	21%

Familiarity with the healthcare system in Vancouver BC

While the majority of the respondents (89%) agree that they are familiar with the healthcare system in Vancouver BC, only 33 percent have a Family Physician. This highlights a critical gap between perceived knowledge of the healthcare system and practical engagement with the healthcare professionals when required. This discrepancy has significant implications for healthcare access, continuity of care, and health outcomes among African immigrants in Vancouver BC. While respondents may feel informed about the healthcare system, familiarity does not necessarily equate to meaningful access or utilization. As noted by Pandey et al. (2022), many immigrants may understand how the healthcare system is structured but face barriers in accessing key services like securing a family physician due to systemic, cultural, or logistical challenges.

Affordability of Health Insurance

In terms of the affordability of healthcare access, 36 percent of the respondents disagreed that the Medical Service Plan (MSP) which is the general health insurance plan for the residents of Vancouver BC, is affordable. Also, 26% of the respondents neither agree nor disagree. Not having healthcare insurance has significant implications for healthcare accessibility, equity, and overall well-being of individuals, particularly for vulnerable populations such as immigrants and low-income earners. While the MSP is intended to provide universal health coverage, perceptions of its affordability or lack thereof can act as a barrier to healthcare access to African immigrants in Vancouver BC.

Motivation for health information seeking on WhatsApp

WhatsApp messaging app provides new and affordable opportunities for immigrant groups to socialize and share information that are relevant to their groups. African Immigrants who

participated in this study have been using WhatsApp, not only for socialization, but also to seek and share survival information such as healthcare information. Majority of the study respondents (69%) agreed that WhatsApp is an effective platform for seeking healthcare information. Many of the respondents rely on WhatsApp to seek information on self-medication and treatment advice, understanding health insurance, managing chronic conditions, and finding and dealing with healthcare professionals. Furthermore, the majority of the respondents are motivated to use WhatsApp Group for health information seeking because of the trust they have in the community, faster response times, availability of culturally relevant health information, and social support they receive from peers. This result corroborates the findings of Chen and Wang (2021) which notes social media such as WhatsApp is widely used for health interventions and is effective in increasing health knowledge, reducing risky behaviors, and accessing healthcare recommendations.

Challenges in healthcare access

According to the survey results, the primary healthcare challenges faced by African immigrants include language barriers, limited understanding of healthcare policies and procedures, financial constraints, a lack of cultural sensitivity among healthcare professionals, and extended wait times when seeking consultations with healthcare providers. Language barriers hinder the flow of communication between patients and healthcare providers, and can result in misunderstandings about symptoms, diagnoses, and treatment plans (Lin, 2022). Moreover, a lack of understanding of healthcare policies could be a gap in health literacy, which may prevent African immigrants from fully utilizing available healthcare services. Financial constraints which may be a result of the perceived unaffordability of MSP limit access to preventative care and necessary treatments.

Limitations of the Study

This study has many limitations that should be considered when interpreting the findings. First, the use of purposive sampling technique limits the generalizability of the results of this study, as the participants may not be representative of the broader population of African immigrants in Vancouver, BC. Secondly, data collection relied on a web-based questionnaire which was shared through a WhatsApp group. This constrained the sample size and potentially excluded participants who are not a member or active on the WhatsApp Group used. These methodological constraints suggest that further research with a larger, more diverse sample and alternative data collection methods is needed to validate and extend the study's findings.

Conclusion

In conclusion, the health information-seeking behavior of African immigrants in Canada is impacted by complex interplay of cultural, linguistic and social factors. Tracking these challenges involves a complex approach which includes promoting cultural proficiency among all healthcare providers, enhancing access to health information, language services and fostering community health-based initiatives that will empower African immigrants to access and use health information efficiently. African immigrants in Canada turn to peer networks within social media space for health information due to a combination of cultural familiarity, trust, and accessibility. These groups provide a safe space where language barriers are minimized, and shared cultural experiences create a sense of belonging and understanding. WhatsApp groups also serve as a convenient and immediate platform for accessing health advice tailored to their specific needs, often in response to limited access to culturally relevant healthcare information and mistrust of formal healthcare systems. As a result, these digital communities play a vital role in bridging the health information gap for African immigrants in

Canada. However, relying on social media networks for healthcare offers only temporary relief, as consulting healthcare professionals remains the only pathway to achieving lasting solutions to healthcare challenges. Community outreach programs can play a vital role in bridging the gap between African immigrant communities and the healthcare system. Engaging with cultural organizations, religious institutions, and community leaders can help disseminate accurate health information and build trust. Peer support programs, where established immigrants mentor newcomers, can also be effective in helping recent arrivals navigate the healthcare system. Improving health literacy among African immigrants is crucial. Education about the Canadian healthcare system, the importance of preventive care, and how to access various health services can empower individuals to make informed decisions about their health. This education should be ongoing and tailored to the specific needs of different African communities.

Healthcare providers should also receive training in cultural competence to better understand and address the unique health beliefs and practices of African immigrants. This can help build trust and improve communication between healthcare professionals and their African immigrant patients. Addressing these challenges requires a deliberate effort to create inclusive and culturally sensitive healthcare practices. The provision of interpretation services, the training of community health workers, and the development of multilingual resources are crucial steps in bridging the gap. By prioritizing these solutions, Canada can foster a more equitable healthcare system, ensuring that all immigrants, regardless of their linguistic background, have access to the care they need and deserve. This approach not only enhances health outcomes but also underscores Canada's commitment to diversity and inclusion.

The health information seeking behavior of African immigrants in Canada, therefore, is shaped by a complex interplay of cultural, linguistic, and systemic factors. By understanding these patterns and addressing the barriers they face, Canada can work towards a more inclusive and effective healthcare system that meets the needs of its diverse population. Improving access to culturally appropriate health information and services is not only beneficial for African immigrants but also contributes to the overall public health and well-being of Canadian society as a whole.

References

- Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. *Oman medical journal*, 35(2), e122. <https://doi.org/10.5001/omj.2020.40>
- Bajgain, B. B., Bajgain, K. T., Badal, S., Aghajafari, F., Jackson, J., & Santana, M.-J. (2020). Patient-reported experiences in accessing primary healthcare among immigrant population in Canada: A rapid literature review. *International Journal of Environmental Research and Public Health*, 17(23), 8724. <https://doi.org/10.3390/ijerph17238724>
- Boukpessi, T. B., Kpanake, L., & Gagnier, J. P. (2023). Why are African immigrants in Montreal reluctant to use mental health services?: a systematic inventory of reasons. *Social psychiatry and psychiatric epidemiology*, 1-9.
- Di Novi, C., Kovacic, M., & Orso, C. E. (2024). Online health information seeking behavior, healthcare access, and health status during exceptional times. *Journal of Economic Behavior & Organization*, 220, 675-690. <https://doi.org/10.1016/j.jebo.2024.02.032>
- Lane, G., & Vatanparast, H. (2022). Adjusting the Canadian Healthcare System to Meet Newcomer Needs. *International journal of environmental research and public health*, 19(7), 3752. <https://doi.org/10.3390/ijerph19073752>
- Léglise, I., & Migge, B. (2007). Language and colonialism. applied linguistics in the context of creole communities. *Language and communication : Diversity and change. handbook of applied linguistics* (pp. 297-338). Mouton de Gruyter.

- Lin, L., Brown, K. B., Yu, F., Yang, J., Wang, J., Schrock, J. M., ... & Wong, F. Y. (2015). Health care experiences and perceived barriers to health care access: a qualitative study among African migrants in Guangzhou, Guangdong Province, China. *Journal of immigrant and minority health*, 17, 1509-1517.
- Lin, S. L. (2022). Access to health care among racialised immigrants to Canada in later life: A theoretical and empirical synthesis. *Ageing & Society*, 42(8), 1735-1759.
- Manan, S. A., Tajik, M. A., Hajar, A., & Amin, M. (2024). From colonial celebration to postcolonial performativity: 'guilty multilingualism' and 'performative agency' in the English Medium Instruction (EMI) context. *Critical Inquiry in Language Studies*, 21(3), 307-334.
- Neuman, D. (2014). Qualitative research in educational communications and technology: A brief introduction to principles and procedures. *Journal of Computing in Higher Education*, 26, 69-86.
- Odhiambo, A. J., Forman, L., Nelson, L. E., O'Campo, P., & Grace, D. (2022). Unmasking legislative constraints: An institutional ethnography of linkage and engagement in HIV healthcare for African, Caribbean, and Black people in Ontario, Canada. *PLOS Global Public Health*, 2(9), e0000714. <https://doi.org/10.1371/journal.pgph.0000714>
- Olaniran, S. O., & Perumal, J. (2021). Edupreneurship: Preparing young education graduates beyond the classroom teaching. *Multicultural Education*, 7(8), 469-479.
- Omenka, O. I., Watson, D. P., & Hendrie, H. C. (2020). Understanding the healthcare experiences and needs of african immigrants in the united states: A scoping review. *BMC Public Health*, 20(1), 27-13. <https://doi.org/10.1186/s12889-019-8127-9>
- Omorodion, J. (2024) *African Immigrant Mental Health in Canada*. <https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1187&context=usri>
- Pandey, M., Kamrul, R., Michaels, C. R., & McCarron, M. (2022). Identifying Barriers to Healthcare Access for New Immigrants: A Qualitative Study in Regina, Saskatchewan, Canada. *Journal of immigrant and minority health*, 24(1), 188–198. <https://doi.org/10.1007/s10903-021-01262-z>
- Raghupathi, V., & Raghupathi, W. (2020). The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015. *Archives of Public Health*, 78, 1-18.
- Story, D. A., & Tait, A. R. (2019). Survey research. *Anesthesiology*, 130(2), 192-202.
- Tiruneh, Y. M., Anwoju, O., Harrison, A. C., Garcia, M. T., & Elbers, S. K. (2024). Examining Health-Seeking Behavior among Diverse Ethnic Subgroups within Black Populations in the United States and Canada: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 21(3), 368. <https://doi.org/10.3390/ijerph21030368>
- Whitley, R., Wang, J., Fleury, M. J., Liu, A., & Caron, J. (2017). Mental health status, health care utilisation, and service satisfaction among immigrants in Montreal: an epidemiological comparison. *The Canadian Journal of Psychiatry*, 62(8), 570-579.