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**A Survey of the Needs and Utilization of Health Information among Young
Adults in Abeokuta, Ogun State, Nigeria**

by

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Abstract

Good health is an indispensable prerequisite for the socio-economic development of any country. The increasing number of health related problems among young adults in Nigeria warrants urgent and special attention. This study, therefore focused on health information needs and utilisation among young adults. Correlational research design was adopted for this study using descriptive survey method. Questionnaires were designed and used as survey instruments. The target population for this study were young undergraduates within the ages of 16-24 years. Federal University of Agriculture and Crescent University were selected because they are the two universities within the city of Abeokuta. The study used 25% of undergraduate students from each of the 35 departments that made up 8 colleges in the two universities for the study. Hence, the sample size for this study was 1,745 young adults. A total number of 1,745 copies of questionnaire were administered to the respondents. This study finds that nutrition ranked highest, followed by water treatment, sanitation and diagnosed medical condition among the health information needs of the young adults. Young adults also need health information to avoid unwanted pregnancy, unsafe abortion and HIV/AIDS infection. Access to health information was mostly through textbooks and newspapers/magazines. In addition, the study finds that they also had access to electronic media like radio, television, Internet and GSM mobile phones. This study finds that religious beliefs against the use of drugs ranked highest among the problems that hinder effective health information utilisation among young adults in Nigeria. Conclusion was drawn based on the findings and recommendations were proffered.

Introduction

It is recognised that young people experience difficulties in accessing mainstream health services, particularly because of the stigma associated with certain health conditions like mental health, early pregnancy and Hormone Infection Virus/Acquired Immunisation Deficiency Syndrome (HIV/AIDS) (Horgan and Sweeney, 2010). Potential solution is to use media resources offering information and support for health problems. Young adults' access to health information is a function of their ability to search for and find answers to their health related questions. Media resources like television (TV), radio, newspapers, magazines, video, electronic readers and Internet can be valuable sources of health information that can help youth understand their health issues.

Information is the first step to every healthy choice. This requires full access to information about the human body, their workings in health and illness, and the services available in treatment and care, support and cooperation (Gann, 1986). Health information has been described as information on a continuum between health education and health promotion. Therefore, access to health information contributes to health education and promotes healthy lifestyle choices. Rolinson (1998) noted that advocacy for health information was a major shift in philosophy from the treatment of the illness in an individual to the development of a healthy nation of individuals. He noted further that prevention rather than cure had emerged as the way forward for public health and health care for young adults should be provided by the primary health sector. It is imperative that health information for young people be made available on all health issues and not only sexual behaviour and the use of drugs. Health information messages are disseminated to the young adults from many directions, organisations and people,

departments of health, health promotion, family planning clinics, pharmaceutical companies, doctors, school nurses, social workers, friends, peer groups and youth organisations. This is done with the use of diverse media which includes magazines, newspapers, television, e-book, e-readers (*i* phone, *i* pod and android) and Internet.

In the past, people may call a health professional or friend when they are challenged with health issues. Due to the widening network of both online and off the line sources in diverse medium, people now read blog, listen to radio, TV or podcasts and once they find health information online, they tend to also talk with someone about it offline. Media resources have helped to accelerate the pace of discovery of health issues and sharpen the questions people might ask when they talk to health professionals. Technology can help to enable human connection in health care because it assists people to have the ability of sharing what they are doing or thinking. For example, the use of telemedicine has helped to shape professional ideas among health professionals around the world. Also, the use of computerised equipment such as ECG machine, CT scan and computerised BP analysis have also helped to establish definite diagnosis. Electronic media in particular had helped people in tracking their workout routines, posting reviews of their medical treatments and raising awareness about certain health conditions. For example, the Internet provides access not only to information but to know others with particular health issues. Young adults use media for different purposes in different places. According to Vahlberg (2010) they split their media time among many activities which include social networking, watching video, exchanging instant messages, viewing graphics and photos, listening to music, watching TV, playing games, looking for information and news.

Good health is an indispensable prerequisite for the socio-economic development of any country. At independence, Nigeria inherited from the colonial government a system of health care that stressed purely curative services. Nigerian government later realized that curative services alone were inadequate, so it included curative with preventive services. With the UNICEF/WHO-sponsored "Health for All" declaration of 1978, an integrated, multi-sectoral, and community-based strategy was adopted in the provision of health care services that stressed curative, preventive, promotive and rehabilitative health care services (Bii and Olike, 2003). This approach used by the government in 1978 came to be known as the Primary Health Care (PHC) strategy which relied on awareness creation and sensitisation among the people to facilitate informed decision-making for good health. In other words, proactive provision of appropriate and timely health information was necessary in order to empower the Nigerian citizen, especially young adults, in order to contribute to their health and general well-being.

Health information services are provided in the areas of sanitation, hygiene, nutrition, reproduction and family planning, immunisation, child and maternal care, dental care, accidents and first aid, among others. Health workers also disseminate health information that will provide psychosocial support to individuals, families, or vulnerable populations so they can cope with their health conditions. They also advise family caregivers, counsel patients, and help disseminate health information for patients' needs after discharge from hospitals. Health workers like those involved in social services work for hospitals, nursing and personal care facilities, individual and family services agencies, or local governments (U.S. Bureau of Labour Statistics, 2011). Young adults belong to the group of active and agile population that needs health information varying from abstinence from sex, reproductive health, disease control and general well being.

Sai (2005) emphasised that health information services to young adults are sometimes inaccurate and such inaccurate information does not provide the needed basis for informed decision making. Such awareness through health information services is also critical to the achievement of the Millennium Development Goals of reducing maternal and child mortality as well as reversing the spread of HIV/AIDS among the most vulnerable. Other identified health problems of young adults are diseases, unsafe water and sanitation, inadequate food (nutrition), accidents at home, poor hygiene, reproductive health and immunization. In addition, mental problems, drug/alcohol addiction, cultural practices and untrained practitioners have also been identified as part of health problems of young adults.

Health information needs of young adults as revealed in literature include diseases, water treatment and sanitation, personal and food hygiene, nutrition, reproduction and family planning, child and maternal care, medicines and agrochemicals and accidents and first aid. Also, dental care, immunization, mental health, health care providers, drug and alcohol addiction, physical exercises and trends, for example, in blood transfusion (Mabawonku, 1998; Bii and Otiike, 2003).

Electronic revolution has reshaped health information services through the utilisation of health information media to disseminate information on health needs among young adults. Sai (2005) corroborated the fact that ICT has opened the information space for the use of health information media in meeting the health information needs of young adults. Electronic health information resources have been identified as major information resources that attract the attention of the young adults in meeting their health information needs for health care provision and general well-being. Media that aid health information services among young adults include computer systems, CD-ROMs, VCDs, DVDs, scanners, printers, flash, *i*-pods, mp3-5, global system of mobile telecommunication (GSM) sets, pagers, electronic boards, VCRs, among others.

Health information sources assist in the dissemination of health information to young adults (Bii and Otiike, 2003). They inform young adults and provide knowledge about health and general well-being. Health information sources for young adults as revealed by Bii and Otiike (2003) are friends, parents, relatives, health care workers, radio, posters and other visual aids, books, religious leaders, newspapers, herbalists, television, magazines, films and video shows, teachers, seminars and workshops. Other sources of information are recorded music and audio recordings, Community Based Organisations (CBOs) and group leaders, drama and plays, leaflets, booklets, pamphlets, demonstrations and exhibitions. In addition, formats of information sources that could be utilised in the health sector include oral or verbal, audio, visual, print or written and multimedia (Njogmeta and Ehikhamenor, 1998; Mabawonku, 1998; Bii and Otiike, 2003; Ojedokun, 2007).

Health information needs of young adults could be effectively disseminated through information media, which are materials that hold data in any form or allow data to pass through them. These include transparencies, papers, hard, floppy and optical disks and magnetic tapes, global system of mobile telecommunication (GSM) sets, pagers, electronic boards, computer systems, CD-ROMs, VCDs, DVDs, scanners, printers, flash, *i*-pods, mp3-5, VCRs, among others. Media is also any form of information that includes music, movies, video tapes, radio, television, cable, Internet and other pre-recorded materials. The content must be relevant or reflective of a particular subject and must be presented in a progressive pattern. The level of the audience or participant is also an important factor to be considered in the choice of media. In other words, health information media that are used to meet health information needs of young adults must be

relevant to their age and presented in a manner that would have positive effect on their well-being.

Statement of the Problem

The increasing number of health related problems like HIV/AIDS, unwanted pregnancies, unsafe abortion, mental illness and other diseases among young adults in Nigeria warrants urgent and special attention. Without good health, Nigerian young adults would not be able to face their studies and live a healthy life, as well as contributing meaningfully to the national development. Young adults in Nigeria have a lot of social and reproductive health challenges, which have shown no visible sign of abating except they are well informed, and imbibe healthy attitudes/positive behaviours. Youths constitute 27% of the population of health information users and studies have shown that majority of Nigerian youths suffer from easily preventable health related problems because they lack the right health information to combat these health problems. This study, therefore, investigated the needs and utilization of health information among young adults in Ogun State Nigeria.

Research Questions

This study answered the following questions:

1. What are the health information needs of young adults in Ogun State, Nigeria?
2. How accessible are health information to young adults in Ogun state through media resources?
3. What are the sources of health information used by young adults in Ogun state Nigeria?
4. What is the frequency of use of media resources for health information by young adults in Ogun state Nigeria?
5. What are the problems that hinder effective health information utilisation among young adults in Ogun state, Nigeria?

Literature Review

As noted by Bii and Otike (2003), not much research work has been done on health information needs and health information services in African region, especially in Nigeria. As revealed by Okigbo (1987) and Uta (1993), very little efforts have been made by information researchers to investigate the health information needs and services among the populace. The available literature show that Bosompra (1987), Akonga (1988), Uta (1993) and Kaane (1995, 1997) studied the dissemination of various facets of health information to the residents of rural villages in Ghana, Malawi and Kenya. These studies established that rural people, including the young adults obtain health information through conversation with people in various places, radio, television, books, magazines, newspapers, posters and pamphlets. A number of information needs studies (Mchombu, 1992; Mgimwa, 1996; Mwaro, 1996 and Waswa, 1998) have health information appearing just as an aspect of the information needs. However, these studies identify barriers to effective dissemination of information to the rural dwellers as lack of coordination among the providers on the type of messages, bad timing of radio programmes, use of the wrong languages, poor quality messages, high cost of radio receivers, low levels of literacy and inadequate infrastructure in the rural areas.

It is important to identify the health-related needs of the people before appropriate information is given because the information provided may not be the required information. The information need of the individual exists in the mind of the user, it is a psychological state. Mabawonku

(1998) noted that most of the health information needs could be grouped under the headings: food and nutrition, environmental care, housing, family planning, preventive and curative measures, maternal health and child care. Health is an essential tool for national development, hence state and local governments should be involved in ensuring the effective monitoring, delivery and evaluation of programmes to the masses, especially the youth.

Bii and Otike (2003) conducted a survey on the provision and accessibility of health information to the rural communities in Kenya. They specifically examined the provision and accessibility of health information to the residents of Bomet District in Kenya. The result of their findings showed that rural people including the young adults have many health information needs, most of which are directly related to their health problems. They discovered that some of these needs have not been met or satisfied by the existing information resources and services due to a number of factors that make health information inaccessible. They observed that most of these factors emanate from the nature of the existing information and communication infrastructure and associated services. The study recommended that health meetings, visual media, adult education, rural-focused broadcast and print media as well as infrastructure supportive of health information communication should be improved. They suggested that basic health lessons need to be taught in schools while rural information centers are established. They also recommended that the Ministry of Health should put in place a policy formulation that would promote health information dissemination. It is obvious that young adults need health information in order to keep fit and enjoy good health. Among others, young adults have been noted to need health information on the following identified health issues: HIV/AIDS, diseases, nutrition, sanitation, hygiene and reproductive health. Other health concerns of young adults are addiction, immunization, family planning, drug abuse and maternal and child mortality.

The study conducted by Kakai, Maskarinec, Shumay, Tatsumura and Tasak (2003) examined patterns in the use of health information among Caucasian, Japanese, and non-Japanese Asian Pacific Islander cancer patients in Hawaii and explored the relation of ethnicity and educational level to choices of health information sources. Information from 140 cancer patients, most of whom were users of complementary and alternative medicine (CAM), was analysed using correspondence analysis. Three clusters of health information pertinent to the three ethnic groups emerged from the data. The results of their study revealed that Caucasian patients preferred objective, scientific, and updated information obtained through medical journals or newsletters from research institutions, telephone information services, and the Internet. Japanese patients on the other hand relied on media and commercial sources including television, newspapers, books, magazines and CAM providers while Non-Japanese Asians and Pacific Islanders used information sources involving person-to-person communication with their physicians, social groups, and other cancer patients. A higher educational level was closely related to a cluster of health information stressing objective, scientific and updated information, while a lower educational level was associated with interpersonally communicated information.

Agosto (2002) study investigated Simon's behavioural decision-making theories of bounded rationality and satisfying in relation to young people's decision making in the World Wide Web, and considered the role of personal preferences in Web-based decisions. It employed a qualitative research methodology involving group interviews with 22 young adult females. Data analysis revealed that the study participants did operate within the limits of bounded rationality.

These limits took the form of time constraints, information overload, and physical constraints. According to Kakai et al (2003), in their study, the three ethnicity-specific patterns of health information use remained relatively stable at different educational levels, implying that the effect of patients' ethnicity overrides their educational level in shaping their choices of health information. The results of their study indicate the importance of recognizing patients' culturally developed world views when understanding their health information-seeking behaviour. For health care delivery and general well-being, these findings indicate the need for healthcare providers to assist cancer patients to obtain accurate health information in a culturally sensitive way.

Another study by Agosto and Huges-Hassell (2005), presents preliminary findings on the everyday information-seeking behaviours of urban young adults which indicate that these young adults prefer to gather information from people. Meanwhile, Agosto (2002) had earlier uncovered two major satisfying information seeking behaviours - reduction and termination. Personal preference was found to play a major role in Web site evaluation in the areas of graphic/multimedia and subject content preferences. This study has related implications for health information seeking behaviour of young adults on the Web site, web site designers and for adult intermediaries who work with young people and the Web.

Much of the research on the information-seeking behaviour of young people has examined either the degree to which they use particular providers or the manner in which they exploit such sources or materials. Considerably less attention has focused on the identification of generic characteristics that relate to the use of a range of information sources. A recent qualitative research project undertaken by Shenton and Dixon (2004) in England has revealed that a variety of patterns appear to emerge even when sources of different types are used. Many of the recurring features of user behaviour reflect attempts by young adults to simplify the task of information seeking and reduce the effort expended.

Todd (2003) provides an overview of the field of human information behaviour as it shapes and affects the provision of quality information services and products to children and adolescents and subsequent utilisation. It is a diverse, dynamic, and complex field and one shaped by many situational, personal, social and organisational factors. Research in information-seeking behaviour, motivation, critical thinking, and learning theory was explored and compared in this study by Weiler (2005) to identify motivating factors behind students' dependence on television and the Internet for their information needs. The research indicates that only a very small percentage of the Generation Y students prefer to learn by reading.

Weighing the importance of electronic information resources utilisation in meeting the health information needs of young adults, Kur and Orhewere (2009) investigated the effectiveness of story-telling as a form of oral tradition in promoting awareness of safe sexual practices among young adults in urban and rural areas in a local government in Nigeria. Their study revealed that many young adults are interested in story-telling, those in the rural areas are more interested and those young adults who listen to traditional stories see story-telling as a dominant source of information about safe sexual practices as well as become highly aware of safe sexual practices. Their study concluded that oral tradition is a vital tool of development communication. They recommended that oral tradition should be promoted in rural and urban areas, it should be included in reproductive health campaigns targeted at young adults, interest

groups like the ruling class should not abuse this excellent tool of development, mass media should integrate oral tradition in their operations and all socializing agencies should use oral tradition in socializing the young.

In the same vein, Oboh and Adeleke (2009) reviewed the approach of the Pentecostal pastors in combating the wide spread of HIV/AIDS. Their study showed that most Pentecostal pastors usually emphasize messages on the prevention of HIV as well as its effects on patients much more than messages that tend to build hope into HIV/AIDS patients. They advised that pastors should build hope into AIDS patients and all the concerned groups in the campaign against HIV/AIDS should collaborate with the church in the campaign against the spread of HIV/AIDS. Since most of these pastors are gifted users of language, Makinde (2009)'s study was interested in how well language was used to unravel mysteries surrounding the HIV/AIDS virus in the selected management campaigns. She noted that pragmatic analysis shows that language was used specifically as expressive in a subtle manner to urge audiences to get tested as early detection can save life while representative acts got the hearer committed to giving support to friends and families who already knew their HIV status. According to her, language was also used in this context to promote gender equality and prompt realization of dreams and ambition. Importance to open communication in all relationships was revealed through representative acts to overcome stigma associated with HIV/AIDS. She concluded that language in this instance has truth value unlike its fraudulent use to achieve commercial purposes at the expense of humanistic purpose.

Research Methodology

The research design adopted for this study was correlational research design using descriptive survey method. This was chosen because it was the most appropriate method that could provide the accurate data considering the population size for this study. In this regard, questionnaires were designed and used as survey instruments. The target population for this study were young adults from government and private Universities in Abeokuta, Ogun State. The total population of young adults from nine universities in Ogun state is 43,100. Undergraduate students were selected as respondents for this study because they are young adults within the ages of 16-24 years. Quota sampling method was used in selecting the sample size for this study. For this study, Federal University of Agriculture, Alabata and Crescent University were selected because they are the two universities within the city of Abeokuta. The study used 25% of undergraduate students between 16-24 years old from each of the 35 departments that made up 8 colleges in the two universities for the study. These amounted to 1,745 young adults. Hence, the sample size for this study was 1,745 young adults. A total number of 1,745 copies of questionnaire were administered to the respondents. Descriptive statistics such as frequency counts and percentages were used to analyse the research questions.

Data Analysis

Questionnaire returned rates

Table 1: Questionnaire returned rates

Institutions / Colleges	No of	No of	No of
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	Departments	Questionnaire Distributed	Questionnaire Retrieved
FUNAAB			
COLAMRUD	4	236	205
COLANIM	5	450	376
COLERM	4	321	282
COLNAS	8	637	537
CRESCENT			
CICOT	2	18	18
CONAS	4	10	10
COSMAS	5	52	52
COLAW	3	20	20
TOTAL	35	1,745	1,500

In Table 1 findings show that 1,745 copies of the questionnaire were administered to young adults in two universities under this study. The undergraduate young adult population was drawn from 100 to 600 Level. The study used young adults from each of the 35 departments that made up 8 colleges in the two universities under this study. In all, 1,500 copies of the questionnaire were filled completely and retrieved making the response rate to be 86.95%.

Table 2: Demographic information of respondents

Level of Study	Freq	%	Qualification	Freq	%	Marital Status	Freq	%	Age	Freq	%	Gender	Freq	%
100	708	47.2	WAEC,SSCE.	1064	70.9	Single	1348	89.9	16-20 yrs	635	42.4	Male	909	60.6
200	350	23.3	OND, NCE	154	10.3	Married	116	7.7	20-24 yrs	865	57.7	Female	591	39.4
300	172	11.5	HND	153	10.2	Separated	25	1.7						
400	45	3.0	Others	129	8.6	Divorced	11	.7						
500	42	2.8												
600	183	12.2												
Total	1500	100		1500	100		1500	100		1500	100		1500	100

The demographic information of respondents revealed that 708 (47.2%) of the respondents were in 100 level, 350(23.3%) in 200 level, 172(11.5%) in 300 level, 45(3.0%) in 400 level, 42(2.8%) in 500 level while 183(12.2%) were in 600 level (Table 4.2). The table also showed that 909(60.6%) of the respondents were males and 591(39.4%) were female while 82(5.5%) of the respondents were under 16 years, 553(36.9%) aged 16-20 years and 865(57.7%) aged 20-24 years. The table further revealed that 1,348 (89.9%) of the respondents were single, 116 (7.7%)

were married, 25(1.7%) were separated and 11(.7%) were divorced while 1064 (70.9%) of the respondents had O’L, WAEC, SSCE certificates, 154 (10.3%) had OND, NCE certificates, 153(10.2%) had HND certificates and 129(8.6%) had other certificates.

What are the health information needs of young adults in Ogun State, Nigeria?

Table 3: Health information needs of young adults in Ogun State, Nigeria

N = 1,500

S\N	Health information needs	SA	A	D	SD	\bar{x}	S.D
1	Nutrition	981 65.4%	403 26.9%	81 5.4%	35 2.3%	3.52	.79
2	Water treatment and sanitation	1000 66.7%	369 24.6%	107 7.1%	24 1.6%	3.51	.84
3	Diagnosed medical condition	872 58.1%	458 30.5%	87 5.8%	83 5.5%	3.41	.84
4	Drugs	835 55.7%	478 31.9%	125 8.3%	62 4.1%	3.35	.90
5	Eye care	782 52.1%	546 36.4%	87 5.8%	85 5.7%	3.35	.83
6	Pregnancy and child bearing	776 51.7%	534 35.6%	119 7.9%	71 4.7%	3.31	.89
7	Blood transfusion	815 54.3%	444 29.6%	132 8.8%	109 7.3%	3.29	.94
8	HIV, AIDS and other sexually transmitted disease	841 56.1%	395 26.3%	156 10.4%	108 7.2%	3.28	.99
9	Reproduction and family planning	686 45.7%	611 40.7%	127 8.5%	76 5.1%	3.24	.89
10	Accidents and first aid	694 46.3%	595 39.7%	123 8.2%	88 5.9%	3.24	.89
11	Mental health	721 48.1%	525 35.0%	141 9.4%	113 7.5%	3.22	.94
12	Skin care	650 43.3%	643 42.9%	107 7.1%	100 6.7%	3.22	.86
13	Dental care	621 41.4%	650 43.3%	142 9.5%	87 5.8%	3.17	.91
14	Smoking	703 46.9%	485 32.3%	182 12.1%	130 8.7%	3.14	1.01
15	Prevention of disease	660	497	146	197	3.11	.97

		44.0%	33.1%	9.7%	13.1%		
16	Sports	575 38.3%	659 43.9%	162 10.8%	104 6.9%	3.10	.94
17	Drug and alcohol addiction	668 44.5%	481 32.1%	229 15.3%	122 8.1%	3.06	1.07

Key: SA=Strongly Agree A= Agree D= Disagree SD= Strongly Disagree

Weighted Average = 3.26

Table 3 presents the findings of the respondents who were asked to indicate their health information needs. A four-point Likert Scale classified into Strongly Agree, Agree, Disagree and Strongly Disagree were used to elicit information from the respondents. Findings revealed that nutrition ($\bar{x}=3.52$), water treatment and sanitation ($\bar{x}=3.51$) and diagnosed medical condition ($\bar{x}=3.41$) were ranked highest by the respondents. In addition, drugs ($\bar{x}=3.35$), eye care ($\bar{x}=3.35$), pregnancy and child bearing ($\bar{x}=3.31$), blood transfusion ($\bar{x}=3.29$), HIV, AIDS and other sexually transmitted disease ($\bar{x}=3.28$) were also indicated as health issues where information was needed by young adults. Reproduction and family planning ($\bar{x}=3.24$), accidents and first aid ($\bar{x}=3.24$), mental health ($\bar{x}=3.22$), skin care ($\bar{x}=3.22$) dental care ($\bar{x}=3.17$), smoking ($\bar{x}=3.14$), prevention of disease ($\bar{x}=3.11$), sports ($\bar{x}=3.10$) and drug and alcohol addiction ($\bar{x}=3.06$) were the least items indicated by the respondents. The weighted average = 3.26.

Have you ever requested for health information?

Table 4: Request for health information

Have you ever requested for health information?	Frequency	Percentage
Yes	649	43.3
No	851	56.7
Total	1500	100

In Table 4, the respondents were asked to indicate if they have ever requested for health information. A close-ended questionnaire classified into Yes and No was used to elicit information from the respondents. The findings revealed that 851(56.7%) respondents had not made a request while 649 (43.3%) of them had requested for health information.

Why do young adults need health information?

Table 5: Reasons for health information needs among young adults

N = 1,500

S\N	Reasons for Health information needs	SA	A	D	SD	\bar{x}	S.D
1	To avoid unwanted pregnancy	972	361	104	63	3.47	.87

		64.8%	24.1%	6.9%	4.2%		
2	To avoid unsafe abortion	885 59.0%	471 31.4%	79 5.3%	65 4.3%	3.44	.81
3	To avoid HIV, AIDS infection	934 62.3%	387 25.8%	113 7.5%	66 4.4%	3.43	.89
4	To improve child and maternal care	872 58.1%	470 31.3%	101 6.7%	57 3.8%	3.41	.85
5	To enhance preventive health care	889 59.3%	432 28.8%	92 6.1%	87 5.8%	3.41	.85
6	To reduce the spread of infectious diseases	869 57.9%	455 30.3%	90 6.0%	86 5.7%	3.40	.85
7	To enhance creative health care	853 56.9%	471 31.4%	111 7.4%	65 4.3%	3.38	.88
8	To avoid premature death	900 60.0%	381 25.4%	109 7.3%	110 7.3%	3.38	.91
9	To enhance rehabilitative health care	809 53.9%	527 35.1%	109 7.3%	55 3.7%	3.36	.86
10	For efficient health care management	913 60.9%	356 23.7%	151 10.1%	80 5.3%	3.35	.97
11	To promote general well-being	771 51.4%	328 21.9%	199 13.3%	202 13.5%	3.11	1.08
12	To enhance personal hygiene	579 38.6%	307 20.5%	370 24.7%	244 16.3%	2.73	1.21

SA=Strongly Agree A= Agree D= Disagree SD= Strongly Disagree

Weighted Average = 3.32

In Table 5, the respondents were asked to indicate reasons for their health information needs. A four point Likert Scale classified into Strongly Agree, Agree, Disagree and Strongly Disagree was employed to collect data. Findings revealed that 64.8% respondents needed health information to avoid unsafe abortion ($\bar{x}=3.44$). 62.3% respondents needed health information to avoid HIV, AIDS infection ($\bar{x}=3.43$), to improve child and maternal care ($\bar{x}=3.41$) and to enhance preventive health care ($\bar{x}=3.41$). In addition, the respondents also listed other variables like the need to reduce the spread of infectious diseases ($\bar{x}=3.40$), enhance creative health care ($\bar{x}=3.38$), avoid premature death ($\bar{x}=3.38$), and enhance rehabilitative health care ($\bar{x}=3.36$). Efficient health care management ($\bar{x}=3.35$), need to promote general well-being ($\bar{x}=3.11$) and

enhance personal hygiene ($\bar{x}=2.73$) were listed as health issues for which they need health information. The weighted average = 3.32.

How accessible are health information to young adults in Ogun State through media resources?

Table 6: Access to health information through media resources by young adults

N = 1,500

SN	Media Resources	RA	A	NA	\bar{x}	S.D
1	Textbooks	492 32.8%	604 40.3%	404 26.9%	2.78	1.19
2	Newspaper, magazines	676 45.1%	471 31.4%	353 23.5%	2.59	1.13
3	Cassette players	493 32.9%	528 35.2%	479 31.9%	2.32	.80
4	Wall charts	442 29.5%	531 35.4%	527 35.1%	2.28	.81
5	Internet	760 50.7%	399 26.6%	341 22.7%	2.26	.83
6	Journals	427 28.5%	555 37.0%	518 34.5%	2.22	.80
7	Conference proceedings	400 26.7%	483 32.2%	617 41.1%	2.07	.77
8	Pamphlets	467 31.1%	637 42.5%	396 26.4%	2.06	.77
9	Billboards	501 33.4%	550 36.7%	449 29.9%	2.05	.76
10	Pictures	475 31.7%	553 36.9%	472 31.5%	2.04	.81
11	Radio	766 51.1%	362 24.1%	372 24.8%	2.03	.80
12	Projectors	404 26.9%	516 34.4%	580 38.7%	2.01	.81
13	DVD	414 27.6%	559 37.3%	527 35.1%	1.99	.79
14	Films	535 35.7%	522 34.8%	443 29.5%	1.97	.80
15	Posters	502 33.5%	608 40.5%	390 26.0%	1.94	.79
16	Video	461 30.7%	570 38.0%	469 31.3%	1.94	.80
17	VCD	458	543	499	1.92	.77

		30.5%	36.2%	33.3%		
18	GSM	523 34.9%	513 34.2%	464 30.9%	1.92	.79
19	CD ROM	397 26.5%	592 39.5%	511 34.1%	1.88	.80
20	Television	797 53.1%	382 25.5%	321 21.4%	1.86	.91

RA = Readily Accessible A = Accessible NA = Not Accessible

Weighted Average = 2.10

Table 6 reveals that 32.8% respondents found textbooks readily accessible compared to other media resources on health information ($\bar{x}=2.78$). Newspapers, magazines ($\bar{x}=2.59$) were also found readily accessible and were ranked highest by the respondents. In addition, the young adults had access to cassette players ($\bar{x}=2.32$), wall charts ($\bar{x}=2.28$), Internet ($\bar{x}=2.26$), journals ($\bar{x}=2.22$), conference proceedings ($\bar{x}=2.07$), pamphlets ($\bar{x}=2.06$) and billboards ($\bar{x}=2.05$) as providing access to health information for them. Pictures ($\bar{x}=2.04$), radio ($\bar{x}=2.03$), projectors ($\bar{x}=2.01$), DVD ($\bar{x}=1.99$), films ($\bar{x}=1.97$), posters ($\bar{x}=1.94$), video ($\bar{x}=1.94$), VCD ($\bar{x}=1.92$), GSM ($\bar{x}=1.92$), CD ROM ($\bar{x}=1.88$) and television ($\bar{x}=1.86$) were ranked low by the respondents as media resources that provide health information. The weighted average = 2.10.

Table 7: Health professionals that disseminate health information most to the young adults

N=1,500							
S/N	Health Professionals	SA	A	D	SD	\bar{x}	S.D
A	Social workers	541 36.1%	503 3.5%	197 3.1%	259 17.3%	3.26	1.28
B	Doctors	478 31.9%	491 32.7%	204 13.6%	327 21.8%	3.20	1.34
C	Nurses	489 32.6%	514 34.3%	270 18.0%	227 15.1%	3.02	1.01
D	Pharmacists	531 35.4%	556 37.1%	221 14.7%	192 12.8%	3.00	1.02
E	Dieticians	560 37.3%	482 32.1%	228 15.2%	230 15.3%	2.96	1.06
F	Ophthalmologists	458 30.5%	524 4.9%	299 19.9%	219 14.6%	2.95	1.01
G	Beauty Therapists	569	433	249	249	2.91	1.08

		37.9%	28.9%	16.6%	16.6%		
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Key: SA=Strongly Agree A= Agree D= Disagree SD= Strongly Disagree
 Weighted Average = 3.04

The respondents were asked to indicate which professionals disseminate health information most through media resources. A four point Likert Scale classified into Strongly Agree, Agree, Disagree and Strongly Disagree . Findings revealed that 36.1% respondents opined that social workers (\bar{x} =3.26) and medical doctors (\bar{x} =3.20) are the professionals that disseminate health information most to young adults followed by nurses (\bar{x} =3.02), pharmacists (\bar{x} =3.00), dieticians (\bar{x} =2.96), ophthalmologists (\bar{x} =2.95) and beauty therapists (\bar{x} =2.91). The weighted average = 3.04.

Table 8: Adequacy of health information received from media resources on health issues

N = 1,500

SN	Health information	Adequate	Good	Fair	Inadequate	\bar{x}	S.D
1	Water treatment and sanitation	541 36.1%	503 3.5%	197 3.1%	259 17.3%	3.26	1.28
2	Diagnosed medical condition	478 31.9%	491 32.7%	204 13.6%	327 21.8%	3.20	1.34
3	Accidents and first aid	489 32.6%	514 34.3%	270 18.0%	227 15.1%	3.02	1.01
4	Drugs	531 35.4%	556 37.1%	221 14.7%	192 12.8%	3.00	1.02
5	Eye care	560 37.3%	482 32.1%	228 15.2%	230 15.3%	2.96	1.06
6	Dental care	458 30.5%	524 4.9%	299 19.9%	219 14.6%	2.95	1.01
7	Skin care	569 37.9%	433 28.9%	249 16.6%	249 16.6%	2.91	1.08
8	Prevention of disease	630 42.0%	474 31.6%	181 12.1%	215 14.3%	2.91	1.06
9	Reproduction and family planning	587 39.1%	549 36.6%	169 11.3%	195 13.0%	2.88	1.08
10	Pregnancy and child bearing	635 42.3%	485 32.3%	165 11.0%	215 14.3%	2.88	1.09
11	Smoking	487 32.5%	491 32.7%	242 16.1%	280 18.7%	2.84	1.04

12	Blood transfusion	557 37.1%	496 33.1%	197 13.1%	250 16.7%	2.82	1.09
13	Mental health	450 30.0%	531 35.4%	252 16.8%	267 17.8%	2.81	1.03
14	Drug and alcohol addiction	518 34.5%	444 29.6%	282 18.8%	256 17.1%	2.79	1.09
15	Sports	468 31.2%	513 34.2%	234 15.6%	285 19.0%	2.78	1.06
16	HIV, AIDS and other sexually transmitted diseases	589 39.3%	494 32.9%	191 12.7%	226 15.1%	2.78	1.09
17	Nutrition	578 38.5%	551 36.7%	168 11.2%	203 13.5%	2.75	1.12

Weighted Average = 2.91

The adequacy of health information received from media resources by young adults were investigated. In Table 8, findings revealed that information received on water treatment and sanitation ($\bar{x}=3.26$) and diagnosed medical condition ($\bar{x}=3.20$) were adequately disseminated by media resources and ranked highest by the respondents. These were followed by accidents and first aid ($\bar{x}=3.02$), drugs ($\bar{x}=3.00$), eye care ($\bar{x}=2.96$), dental care ($\bar{x}=2.95$), skin care ($\bar{x}=2.91$) and prevention of diseases ($\bar{x}=2.91$). Table 4.12 also revealed that drug and alcohol addiction ($\bar{x}=2.79$), sports ($\bar{x}=2.78$), HIV/AIDS/ other sexually transmitted diseases ($\bar{x}=2.78$) and nutrition ($\bar{x}=2.75$) were found inadequately disseminated by media resources by the respondents. The weighted average = 2.91.

What are the problems that hinder effective health information utilisation among young adults in Nigeria?

Table 9: Problems that hinder effective health information utilisation among young adults in Nigeria

N = 1,500

SN	Problems of Health information utilization	SA	A	D	SD	\bar{x}	S.D
1	Religious beliefs against the use of drugs	519 34.6%	524 34.9%	328 21.9%	129 8.6%	2.91	1.13
2	Cultural values and traditions	554 36.9%	436 29.1%	363 24.2%	147 9.8%	2.87	1.13
3	Level of education/ knowledge base	477	475	390	158	2.86	1.12

		31.8%	31.7%	26.0%	10.5%		
4	Health officials are not accommodating	500 33.3%	449 29.9%	385 25.7%	166 11.1%	2.82	1.13
5	Health information sources are not easily accessible	593 39.5%	427 28.5%	317 21.1%	163 10.9%	2.80	1.11
6	Poor packaging of health information services to the young adults	539 35.9%	531 35.4%	319 21.3%	111 7.4%	2.79	1.17
7	Lack of trained personnel in health information services delivery	559 37.3%	504 33.6%	312 20.8%	125 8.3%	2.75	1.14
8	Health information provided are sometimes not current	409 27.3%	522 34.8%	388 25.9%	181 12.1%	2.71	1.18
9	Health information delivery are not timely	429 28.6%	503 33.5%	384 25.6%	184 12.3%	2.69	1.17
10	Lack of adequate funding	485 32.3%	494 32.9%	341 22.7%	180 12.0%	2.65	1.15
11	Lack of health information literacy among the young adults	493 32.9%	523 34.9%	306 20.4%	178 11.9%	2.63	1.14
12	Health information are not readily available	591 39.4%	493 32.9%	306 20.4%	110 7.3%	2.60	1.20
13	Unfavorable, inconsistent government policies	474 31.6%	389 25.9%	434 28.9%	203 13.5%	1.99	.82
14	Socio-economic status of young adults - no social welfare scheme	548 36.5%	446 29.7%	358 23.9%	148 9.9%	1.81	.79

Key: SA=Strongly Agree A= Agree D= Disagree SD= Strongly Disagree

Weighted Average = 2.63

The respondents were asked to indicate the problems that hinder effective health information utilisation among young adults in Nigeria. In Table 9 findings revealed that religious beliefs against the use of drugs ($\bar{x}=2.91$), cultural values and traditions ($\bar{x}=2.87$) and level of education/knowledge base ($\bar{x} =2.76$) which represents 34.6%, 36.9% and 31.8% respondents respectively were the major problems indicated by young adults. The weighted average = 2.63.

Strategies to enhance utilisation of health information by young adults

The respondents were also asked to suggest better strategies that could be employed to enhance the utilisation of health information by young adults. These were categorised and ranked into five (5) points according to the response of the young adults, thus:

1. Young adults should be encouraged to have a say in decisions about their own health.
2. Government and private organisations should produce more information on health issues in medium like newsletters and place these information on the school websites.

3. Current awareness programmes should be mounted to sensitise young adults about the need to pay attention to their health related issues.
4. More health information about healthy living should be made available and accessible at the primary, secondary and tertiary setting in a variety of user-friendly media/format.
5. Basic health infrastructure should be improved in Nigeria. Erratic power supply should be mitigated by providing alternative sources that could power the preferred electronic media resources by young adults.

Discussion of Findings

Health information needs of young adults

The findings showed that among several health information needs of young adults, nutrition ranked highest (92.3%) followed by water treatment and sanitation (91.3%) and diagnosed medical condition (88.6%). The information need of the individual exists in the mind of the user as well as their psychological state and this might have accounted for the response above. This agreed with the study by Onigbinde (2005), according to him, food and nutrition came first before environmental care, housing, family planning, preventive and curative measures, maternal health and child care in the priority order of health information needs. Water treatment and sanitation ranked second to food and nutrition in this study because these are two basic needs of life without which no human can survive. WHO (2013) corroborated this that many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. Conversely, overweight and obesity which are other forms of malnutrition with serious health consequences are increasing among young people in both low and high income countries. Adequate nutrition, healthy eating and physical exercise habits are foundations for good health in young adult. In addition, it is important to prevent nutritional problems by providing timely and adequate information and advice on food and micronutrient supplementation (for example to pregnant adolescents), as well as detecting and managing problems such as anaemia promptly and effectively when they occur.

Reasons for health information needs among young adults

The findings of this study revealed the reasons why young adults need health information. According to them, they need health information to avoid unwanted pregnancy (62.3%), to avoid unsafe abortion (59%) and to avoid HIV/AIDS infection (62.3%). This finding is in line with the study by Ladipo (2005), who found that young adults are among the segments of the population whose sexuality and reproductive health practices are of particular interest to parents, institutions and the society. According to Moore and Rosenthal (2003), young adults' period is a critical period in the upsurge of sex drives, development of sexual values, and initiation of sexual behaviour for which health information should be disseminated. Also, the findings of Slang, Lot, Huang, Daniyan, Zink and Sucop (2003); Owolabi, Onayade, Ogunlola, Ogunbiyi and Kuti (2005) and Orji and Esima (2005) showed that young adults engage in high risk sexual behaviours which exposes them to reproductive health problems. Dana (2005) equally asserted that sexual experiments may lead to unwanted pregnancy, unsafe abortion, sexually transmitted diseases, risk of infertility and HIV/AIDS infections. It is therefore necessary to provide adequate health information to these young adults using various media resources in order to decrease or stop the adverse effect of early sexual activity.

Access to health information by young adults

Findings showed that the respondents had access to health information mostly through textbooks (73.1%) and newspapers/magazines (76.2%). In addition, the study also revealed that they also had access to electronic media like radio, television, Internet and GSM mobile phones. This finding agrees with research findings by Coker, Sareen and Chung (2010) and Culver, Hobbs and Jensen (2010) where young adults had access to health information mostly through electronic media. Weiler (2005) study identified motivating factors behind young adults' dependence on television and the Internet for their information needs. Their research indicated that only a very small percentage of young adults preferred to learn about health issues by reading. However, the dependence on textbooks, newspapers and magazines by some respondents in this study could be because the respondents are undergraduate students who prioritized subject-based and general reading as part of their daily routines.

Problems hindering effective health information utilisation among young adults

This study finds that religious beliefs against the use of drugs (78.1%) ranked highest among problems that hinder effective health information utilisation among young adults in Nigeria. A particular Christian denomination in Nigeria is opposed to the use of drugs believing that their faith can afford them healing from all forms of sicknesses and diseases. Gambrell and Klapper (2012) reported how gunmen suspected of belonging to a radical Islamic sect shot and killed at least nine women who were taking part in a polio vaccination drive in northern Nigeria, highlighting the religious tensions surrounding the inoculation of children in one of the few nations where the disease still remains endemic.

Cultural values and traditions (75.8%) ranked second among the problems that hinder effective health information utilisation among young adults in Nigeria. The negative effect of cultural values and traditions on health information utilisation among young adults especially in many African nations was corroborated by Kitabu (2013). According to her, because of the stigma some societies attached to adolescent sexuality; community discourages free access of sexual and reproductive health information among young people for the fear of promoting promiscuity. NFID (2013) also found that adolescent issues are sidelined because some health providers are reluctant to share key information on reproductive health for fear of promoting sex practice. It is therefore proper to get correct information in a friendly environment to assist in making informed health related decisions. Kitabu (2013) also submitted that some African tradition and customs don't promote open talk on the issues of sexuality, reproductive health and HIV/AIDS because there is a major myth that being open promotes promiscuity.

Level of education was also one of the militating factors against health information utilisation among young adults. Some of the states in the Northern part of Nigeria are regarded as educationally disadvantaged. UNAIDS (2008) reported that in Tanzania young people aged 15–24 are at risk as they account for an estimated 45 percent of new HIV infections. Proportion of 40.3 percent of population aged 15 – 24 has correct knowledge of HIV and AIDS (UNSTATS Millennium Development Goals, 2011). Most young people don't know how to protect themselves; condom usage plus other protection methods is extremely low among this age category. Cross-generational and transactional sex among young adults decrease bargaining power on which protection method to use. Kitabu (2013) reported that many young adults in Tanzania are at risk of so many problems relating to lack of proper reproductive health

education. Problems like unsafe sex, early pregnancy which leads to increasing school drop outs, unsafe abortion, HIV and AIDS, STIs and pregnancy related complications.

This study also found that the young adult found the attitude of health officials unfriendly which constitutes an impediment to health information utilisation among young adults. According to Kitabu (2013), health providers are trained to treat issues relating to young adults with utmost care. She also found that, most young people feel secluded in health centers as they experience harsh language or treatment when inquiring information on contraceptives, safe sex and general information on sexuality. This finding showed that the problem of inaccessibility to health information sources also constitutes hindrance to effective health information utilisation among young adults in Nigeria.

Poor packaging of health information services to young adults was also found to cause impediment to effective health information utilisation among young adults. Hence, the need for repackaging health information services for young adults. Information repackaging which can be seen as information consolidation, according to Culver and Jensen (2010) is defined as “a text or message purposefully structured from existing public knowledge to affect the private knowledge and decisions of individuals who otherwise may not be able to effectively and efficiently access or use this public knowledge from the original accounts or in the original structure and form.” According to them, the consolidation process starts with the critical study of potential users, choice of primary information resources and the assessment of their intellectual contents. Health officials can package and repackage health information services in oral, textual and electronic media for better use of young adults.

Other problems relating to health information utilisation as shown in this study include lack of trained personnel in health information services, health information provided are sometimes not current, health information delivery are not timely and lack of adequate funding.

Conclusions

Health information needs on nutrition, water treatment, sanitation and medical diagnosis were of utmost priority to young adults. Young adults need health information to avoid unwanted pregnancy, unsafe abortion and to avoid HIV/AIDS infection. Textbooks and newspapers/magazines are the print media through which health information are accessed by young adults. Although, television and Internet are the most preferred electronic media for receiving health information by young adults, friends, parents, relatives and health workers were the sources of health information the respondents have used for health purposes. Television and Internet were the most frequently used health information resources to meet health information needs by young adults. Religious beliefs against the use of drugs and cultural values and traditions hinder effective health information utilisation among young adults in Nigeria. Health information utilisation through health information resources is effective. There is significant positive relationship between health information needs and health information utilisation.

Recommendations

Based on the findings of this study, the following recommendations were made:

1. Health information needs of a young adult can have a long-term impact on his/her health, it is therefore advised that health information should be properly utilised to meet the identified health information needs by the young adults.
2. Increase in National Health Insurance Scheme (NHIS) awareness and upward review of the policy holder's dependants' maximum age from 18 to 26 years as in America and other developed nations.
3. Young adults should be encouraged to have a say in decisions about their own health.
4. Establishing cordial relationship between young adults and health officials (who are important source for health information) encourages independence and responsibility for one's own health.
5. Teachers, counsellors and school nurses should help young adults by making useful health information available through educational media materials like posters and books.
6. Young adults are social beings, the friends, parents, relatives and peers should help to model their behaviours and also influence their attitudes about health and well being.

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