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# Information Seeking Behaviour and Risk Practices among People Living with HIV/AIDS in South-West, Nigeria

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## **Information Seeking Behaviour and Risk Practices among People Living With HIV/AIDS in South-West, Nigeria.**

Information has been described as an intangible but an indispensable asset in all spheres of life be it political, social or economic which enables the user to make informed decision and guides the user into the right direction. Information can be further described as a valuable infrastructure upon which effective and efficient running of the society at large is based. Everybody depends on information including the deaf and dumb. Information is referred to as knowledge or facts about a phenomenon. Losce (1990) defines information as communicated or received knowledge regarding certain events. In support of this, Okwilagwe (2000) sees information as essential input that aid in decreasing or eliminating ambiguity associated with decision making process. It is communicated message received and understood that facilitates social interaction, cultural exchange and democratic intermingling. Information adds to knowledge, reduces uncertainty and support decision making. Information is a critical resource to the growth and development of any individual, group and nation (Chukwu, 2005).

Information seeking is the act of searching for specific information with the intention of solving a particular problem. Information seeking is the process or activity of attempting to obtain information in both human and technological contexts. Information seeking behaviour refers to the way people search for and utilize information. Information seeking is a subset of information behaviour which Wilson (2000 ) described as the totality of human behaviour in relation to sources and channels of information, including both active and passive information-seeking, and information use. He described information seeking behaviour as purposive seeking of information as a consequence of a need to satisfy some goal. Information seeking behaviour is the micro-level of behaviour employed by the searcher in interacting with information systems of all kinds, be it between the seeker and the system, or the pure method of creating and following up on a search. It examined the role of emotions, specifically uncertainty, in the information seeking process, concluding that many searches are abandoned due to an overwhelmingly high level of uncertainty (Kuhlthau, 2011). Information seeking may include how to recognize and interpret an information problem, drawing a plan for search, actual searching, evaluation of the outcomes, going over process again, if necessary.

There are many sources option for an health information seeker. Individual may seek information from his/her personal experience, and then from peer sources, especially people like themselves. An information seeker may consult different sources which may include

interpersonal such as Health Care workers and peer group, electronic sources like television, internet, and radio. Other sources are institution sources such as hospital, NGO's, and information centres, or print source such as books, journals, leaflets and handbills. Information seeking may be linked to decision making. The decision involved may vary from a trivial personal matter to a decision which affects billions of people or may have cumulative economic or political effects on individuals, villages, states or the nations as whole. Health information seeking behaviour is concerned with the process by which an information seeker obtains information about his health, an illness, health promotion strategies and what constitutes risks to his/her health. Health information is fundamental towards making health decisions and practicing quality healthy behaviours. Information seeking then, Ek & Heinstro (2011), is unavoidably, an indispensable precondition to consistent and suitable performances of these behaviours.

Information could be sought from previous work of other people, other individuals and information warehouse such as manual documents and online databases. Information seeking arises when an individual is purposive looking for information as a consequence of a need to satisfy some goal. Seeking HIV/AIDS risk practices related information may cause PLWHA to interact with manual information sources, electronic systems or both. There are many information seeking option available to PLWHA which include internets, NEPWAN meetings, broadcasting organisations, a newspaper or a library posters, among others. However, the internet is not equally accessible to all persons. Information seeking is essential to gaining potential knowledge necessary to avoid risk practices which will eventually improve their health care and quality of life.

Risk can be defined as the intentional interaction with uncertainty. Freitas (2001) sees risk as the uncertainty of the outcome of an event, possibly the probability of loss or danger that carries in it the presupposed possibility of knowledge of probability distribution parameters for future happenings. Risk is the potential of losing something of value, weighed against the potential to gain something of value. Values (such as physical health, social status, emotional wellbeing or financial wealth) can be gained or lost when taking risk resulting from a given action, activity and/or inaction, foreseen or unforeseen. Although everyone is prone to HIV infection, certain behaviours institute risk practices which aid tremendously the spread and expansion of this infection. These behaviours include indulging in high risk sexual behaviours, injectable drug use, blood transfusion, sharing of sharps, mother to child transmissions. Risk Practices among PLWHA are indicated by evidences of engagement in activities such as unprotected sex, none or improper condom usage, multiple

sexual partners, consumption of alcohol and other mood altering substances, stoppage of medication, missing of medical arrangements, indiscriminate sharing of sharps and acquisition of sexually transmitted disease such as gonorrhoea, syphilis among others.

People living with HIV/AIDS would seek information about HIV/AIDS related risk practices only after they recognize the needs. Information on risk practices is a crucial factor for a healthy life which is needed to facilitate their effective healthcare management. HIV/AIDS related information seeking is clearly an important activity in the lives of the PLWHA as reported in the study Timothy and Palmer (2005). They both see HIV information as a resource that helps to keep them healthy, prevent them from risk behaviours, and seeking that information helps them feel better about themselves. Kutty, Kumar, Himanshu, Pathak (2007) believe that such information determines the direction in which a decision is made as choice leading to a certain desired objective, that is prevention of risk practices. In this case, information is somewhat of fundamental value the same as money, capital, goods, labour and raw materials in business (Devaarajuu and Pulikythies, 2011) since quality of life is involved. HIV/AIDS related risk practices information seeking among PLWHA can be seen as a process that involves the explorations of relevant procedures to facilitate access to information.

Marchionini (1989) and Nelson, Kreps, Croyle, Willis, Arora, Rimer and Alden, (2004) see such information seeking behaviour as the micro-level of behaviour employed by the PLWHA in interacting with information systems of all kinds, be it between the seeker and the system, or the pure method of creating and following up on a search. Many authors among whom are Salton, (1989), & Shneiderman et al., (1998) opined that HIV/AIDS risk related information seeking process involve special case of problem solving and it assumes an interaction cycle consisting of identifying risk practices information need, followed by the activities of query specification, examination of retrieval results, and if needed, reformulation of the query, repeating the cycle until a satisfactory result set is found. This is also in line with Marchionini (1989) information seeking argument that use includes instances of information extraction that include reading, scanning, listening, classifying, copying and storing information. Pareek & Rana (2013) believe that PLWHA must understand the tasks or problems necessitating information seeking. Azhar, Khalid & Arif (2012) claimed that the paths of information seeking involve the exploration of the relevant procedures to access information.

Marchionini and White (2008) opine that PLWHA risk practices information-seeking process consists of recognizing a need for information, accepting the challenge to take action

to fulfill the need, formulating the problem, expressing the information need in a search system, examination of the results, reformulation of the problem and its expression, and use of the results. PLWHA seek information from people including health professionals, family, and friends because they considered people the most trustworthy, useful, understandable, and available information sources with Doctors being the most preferred professional as information source (Timothy & Carole; 2005). Workshop/seminars, Medical/Health officers, Mass media, Non-governmental organisations, Friend/ colleagues, ARV Trial Centres, Donor agencies, Hospitals, Posters NACA/SACA Offices, Churches, Ministry of health, Journals, and Libraries

Information seeking brought about change in state of knowledge as opined by Marchionini (1997) who depicted information seeking as a process in which humans engage to purposefully change their state of knowledge. The process is inherently interactive as information seekers direct attention on adapt to stimuli, reflect on progress, and evaluate the efficacy of knowledge base of the information seeker. Information seeking is thus a cybernetic process in which knowledge state is changed through inputs, purposive outputs, and feedback. The lack of information and knowledge in health care centres could lead to serious problems for patients, such as physical disability, financial loss and in the worst case death. Kutty, Kumar, Himanshu, Pathak (2007) believe that such information determines the direction in which a decision is made as choice leading to a certain desired objective, that is prevention of risk practices. In this case, information is somewhat of fundamental value the same as money, capital, goods, labour and raw materials in business (Devaarajuu and Pulikythies (2011) since quality of life is involved. HIV/AIDS related risk practices information seeking amongst PLWHA can be seen as a process that involves the explorations of relevant procedures to facilitate access to information.

This is corroborated by the work of Belinda, Ellen and Alfred (2010) in Malawi that established that PLWHA sourced information mainly by shared and interactive couple decisions, and informal networks of people living with HIV. Information is also provided through websites and virtual resources or online databases. According to Botman et al (2013), the primary source of information includes the following: Books (Textbooks, handbook, manuals), Periodicals (Journals and Magazines), and the Internet (Websites and web pages, subject gateways, digital libraries, the invisible web) <http://vlib.org>, <http://www.acm.org/df>. GHAIN (2006) recommended the following as information communication and educational media for disseminating HIV transmission and preventive information. These include, hand

bills which people visiting their pharmacies could pick up, posters/leaflets encouraging abstinence, especially within at risk groups,

### **Objective of the study**

1. find out level of information seeking behaviour among PLWHA in South-West, Nigeria;
2. examine the relationship between information seeking behaviour and risk practices among PLWHA in South-West, Nigeria.

### **Research Questions**

The study attempted to answer the following questions:

- 1 What are the information seeking behaviour among PLWHA in South-West, Nigeria?
- 2 What are the risk practices among PLWHA in South-West, Nigeria, Nigeria?

### **Hypothesis**

The study were tested under the following research hypothesis at 0.05 level of significance:

There is significant relationship between information seeking behaviour and risk practices among PLWHA in South-West, Nigeria.

### **Significance of the study**

The author believes that this study would ascertain the information seeking behaviour of PLWHA which enormously aid health information managers, health librarians and information specialists in designing useful and purposeful information system tailored along rectifying and restructuring deficiency observed in HIV information seeking processes and preferences

### **Methodology**

The study adopted the survey research design. The design is quantitative method of data collection to determine whether significant relationship occurs between two or more variables. This study attempted to establish the relationship between information seeking and risk practice among PLWHA in the South-Western Nigeria. According to synthesised data of NACA (2015), the prevalence rate of HIV in Nigeria was 3.4%. The population of this study comprises of PLWHA that had ever attended clinics in four public tertiary health institutions in the South-West zone of Nigeria. The total population of the HIV/AIDS patients in the tertiary health institutions is 24,455 as shown in Table 1.

### **Table 1: Public Tertiary Health Institutions in South-West, Nigeria.**

<b>Name of Institutions</b>	<b>No. HIV Patients</b>
Federal Medical Centre, Owo, Ondo State	3,294
Federal Teaching Hospital, Ido Ekiti, Ekiti State	1,355
Lagos University Teaching Hospital, Lagos, Lagos State	16,320
Ladoke Akintola University Teaching Hospital, Osun State	3,486
<b>Total</b>	<b>24,455</b>

**Source: Patient Monitoring and Management Office of each Institution (2016)**

To draw sample for this study, an institution was purposively chosen per state to give equal representation to the all the states in the region. A pooled standard error of proportion was used to obtain minimum sample size of 103 participants per state using 5 percent margin error as the norm when dealing with human population (Saunders, Lewis & Thornhill, 2009). The calculation goes thus:

$$N_2 = \frac{(Z\alpha + Z\beta)^2 \times p(1-p)}{E^2}$$

Where:  $Z\alpha$  at 5% of confidence = 1.96

$Z\beta$  at 80% of power = 0.84

P= HIV national prevalence of 3.4% or 0.034

E at 5% of margin error = 0.05

$$N = \frac{(1.96+0.84)^2 * 0.034 * 0.0966}{0.05^2}$$

$$= \frac{7.84 * 0.033}{0.05^2}$$

$$= \frac{0.257}{0.0025}$$

$$= 102.99$$

### **Pooled Standard Error of Proportion**

Additional 10% was considered for response bias.

Critical Incident technique was used to select the population of the one hundred and thirteen (113) consenting respondents who were adults from each of the Four (4) Federal University Teaching Hospitals and Federal Medical Centres their clinics. The total sampling size were four hundred and fifty two (452) respondents. Questionnaire was distributed during the clinic days with the highest attendances in out-patient clinics of the selected hospitals. Only three hundred and ninety seven (397) copies which represent 88% were analysed as other copies were found not to be good enough for analyses.

## Presentation of Results

**Table 2: Distribution of Respondents by Demographic Information**

Parameters	Classification (n = 397)	Frequency	Percent %
Age of the Respondents (in years)	<20	3	.8
	20-24	28	7.1
	25-29	60	15.1
	30-34	54	13.6
	35-39	73	18.4
	40-44	69	17.4
	45-49	50	12.6
	>=50	60	15.1
	Total	397	100.0
Gender of the Respondents	Male	127	32.0
	Female	270	68.0
	Total	397	100.0
Marital Status of the Respondents	Single	89	22.4
	Married	219	55.2
	Widowed	45	11.3
	Separated	28	7.1
	Divorced	16	4.0
	Total	397	100.0
Religion of the Respondents	Islam	124	31.2
	Christianity	271	68.3
	Others	2	.5
	Total	397	100.0
Educational Level of the Respondents	None	41	10.3
	Primary	43	10.8
	Secondary	149	37.5
	Tertiary	163	41.1
	Others	1	.3
	Total	397	100.0

<b>Ethnicity of the Respondents</b>	Yoruba	289	72.8
	Igbo	76	19.1
	Hausa	27	6.8
	Foreigner	2	.5
	Others	3	.8
	Total	397	100.0
<b>Occupation of the Respondents</b>	Artisan	57	14.4
	Schooling	54	13.6
	None	32	8.1
	Public Employee	87	21.9
	Private Employee	76	19.1
	Self Employed	76	19.1
	Others	15	3.8
	Total	397	100.0
<b>Duration of the Respondents as HIV positive (in years)</b>	<5	166	41.8
	5-9	151	38.0
	10-14	56	14.1
	15-19	15	3.8
	20 and above	9	2.3
	Total	397	100.0

Table 2 shows that the highest percentage of PLWHA in South-West, Nigeria was between the ages of 35-39 years (18.4%). This is followed by respondents between the ages 40-44years (17.4%). Next to them are people of age's 25-29years and 50 and above. Each of them has (15.1%). Then, people who were between the ages of 30-34 years (13.6%), followed by people who were 45-49 years (12.6%). People between 20-24 years were 7.1% while the people who were below 20 years of age are the smallest in number (0.8%).

Gender wise, 32% of the respondents were male, while 68% were female. Out of all the respondents, 55.2% were married, 22.4% were single, 11.3% are widowed, and 7.1% were separated while 4% were divorcees. In addition to these, 31.2% of the respondents were Muslims, 68.3% were Christians while 0.5% indicated that they belong to other religions beside the two popular ones.

Educational level of the respondents as shown on table 2 indicates that the highest number of them are tertiary degree holders (41.1%), followed by 37.5% were secondary school certificate holders, 10.8% of the respondents had primary school certificate, 0.3% had other certificate while 10.3% had no education at all. Out of the 397 respondents, 72.8% were Yoruba, 19.1% were Igbo by ethnicity, and Hausa

accounted for 6.8%, 0.5% were foreigners, whereas other ethnicities combined accounted for the remaining 0.8% of the respondents.

Public employees were the most among the respondents (21.9%). Private employees and self-employed constituted 19.1% each. 14.4% claimed they were artisans, Students comprised 13.6%, respondents with other occupations outside the stated ones totalled 3.8%, however, a wholesome of 8.1% claimed they had no work. Most of the respondents had lived with the HIV for lesser than 5 years (41.8), 38% had lived with the virus between 5-9 years, 14.1% lived with the virus between 10-14 years, 3.8% lived with the virus for between 15-19 years while 2.3 lived with the virus for 20 years and above

S/N	Information seeking behaviour	Very often	Often	Rarely	Never
1	Read materials about dangers of multiple sexual practices	228 (57.4)	102 (25.7)	41 (10.3)	26 (6.6)
2	Look for materials with information on hazard associated with unprotected sex from journals	214 (53.9)	110 (27.7)	40 (10.1)	33 (8.3)
3	Seek materials with HIV/AIDS infectivity information from Health institutions	214 (53.9)	122 (30.7)	31 (7.8)	30 (7.6)
4	Seek information about abstinence from NGOs	176 (44.3)	149 (37.5)	51 (12.9)	21 (5.3)
5	Seek information about being faithful to one's spouse from the internet	212 (53.4)	128 (32.2)	33 (8.3)	24 (6.1)
6	Ask health workers about signs of complication of my conditions	227 (57.3)	120 (30.2)	36 (9.1)	14 (3.5)
7	Listen to radio programme that centred on HIV/AIDS preventions	186 (46.9)	133 (33.5)	66 (16.6)	12 (3.0)
8	View HIV/AIDS programme on the Television that centred on quality of life for PLWHA	155 (39.0)	166 (41.9)	54 (13.6)	22 (5.5)
9	Seek coping strategies from my colleagues	127 (32.0)	101 (25.4)	58 (14.6)	111 (28.0)
10	Visit Library for success story of PLWHA	110 (27.7)	83 (20.9)	87 (21.9)	117 (29.5)

**Source: Field Survey, 2016**

Table 3 depicts the level of information seeking among PLWHA. PLWHA were asked to indicate their information seeking behavior. Percentage of information seeking per item was calculated by adding the fractions of very often, often and rarely responses together. The table illustrated asking question about signs of complication of the respondent conditions formed the second highest level of information seeking (96.5%) after listening to radio programme that centered of HIV/AIDS preventions (97%) Seeking information about abstinence from NGO came after this (94.7%). Followed by viewing HIV/AIDS programme on the Television that centered on quality of life for PLWHA (94.5%). Seeking information about being faithful to one's spouse from the internet came next with 93.9%, then reading materials about dangers of multiple sexual practices (93.4%), and seeking materials with HIV/AIDS infectivity information from Health institutions (92.4%). These was followed by looking for materials with information on hazard associated with unprotected sex from journals (91.7%), then seeking coping strategies from their colleagues(72%) and lastly visiting Library for success story of PLWHA

**Table 4: Risk Practices among PLWHA in South-West, Nigeria**

S/N	Risk Practices	Always	Often	Rarely	Never
1	Sex without condom	42 (10.6)	56 (14.1)	86 (21.7)	213 (53.7)
2	More than one sexual partners	26 (6.5)	74 (18.6)	127 (32.0)	170 (42.8)
3	Casual sex with individuals other than spouse	22 (5.5)	62 (15.6)	95 (23.9)	218 (54.9)
4	Alcohol Consumption	30 (7.6)	25 (6.3)	27 (19.0)	315 (79.3)
5	Hard drugs	24 (6.0)	39 (8.6)	39 (9.8)	300 (75.6)
6	Missing clinics	22 (5.5)	50 (12.6)	74 (18.6)	251 (63.3)
7	Missing medication	22 (5.5)	23 (5.8)	42 (10.6)	310 (78.1)
8	Share sharps	22 (5.5)	27 (6.8)	63 (15.9)	285 (71.8)
9	Sex Hawking	19 (4.8)	23 (5.8)	74 (18.6)	281 (70.8)
10	Blood Donation	23 (5.8)	9 (2.3)	30 (7.6)	335 (84.4)

Table 4 describes the risk practices that PLWHA are still indulge in. PLWHA were asked to indicate their risk practices. Percentage of risk practices per item was calculated by adding the fractions of very often, often and rarely responses together. Most common risk practice among this group as discovered by the study was having more than one sexual partners (57.2%), this was followed by sex without condom (46.3%), then casual sex with individuals other than spouse (45.1%). 36.7% of the respondents were still missing their medical

appointments with health care providers while 29.2% still engage in sex hawking business. 28.2% claimed they still share sharps while 24.1% consumed hard drugs. 21.9% missed their drugs, 20.7% drank alcohol while the least risk practices among them turn out to be blood donation (15.6%)

The information seeking of PLWHA is 71.1%. This is derived by dividing the mean information seeking (20.97) by highest measurement of the instrument (30) expressed in percentage. While that of risk practices is 18.3%

**Table 5: Correlation analysis between information seeking and risk practices among PLWHA in South-West, Nigeria.**

Measure	Mean	%	Std. Dev.	N	Corr. coefficient (r)	P-Value
Risk Practices of PLWHA measured on 30-point scale	21.3401	71.1	6.25	397	-.173	.001
Information Seeking of PLWHA measured on 30-points scale	5.4887	18.3	7.09			

a. Dependent Variable: RP  
 b. Predictors: (Constant), IS

\*Significance at 0.05.

Table 5 shows that the mean information seeking with of PLWHA was 21.34 (71.10%), SD=6.25 and that of risk practices was 5.49 (18.30%), SD=7.09. The correlation coefficient obtained was (r= -0.173, p < 0.05). This indicated a weak, negative but significant relationship between information seeking attitude of PLWHA and their risk practices. Therefore, the null hypothesis is rejected but the research hypothesis is accepted and restated that there is significant relationship between information seeking and risk practices among people living with HIV/AIDS.

**Discussion of Findings**

The finding of the study that most PLWHA seek information about risk practices by asking health workers about signs of complication of their conditions as opined by BIREME/PAHO/WHO (2008) that people seek healthcare and other information for different reasons which may include curiosity, self-diagnosis, treatment among others. In addition to this, a nationwide survey carried out by Timothy and Palmer (2005) on information preferences and practices among people living with HIV/AIDS, it was reported that PLWHA wished to get information from individuals including health workers, family, and friends and judged people as the most dependable, useful, understandable, and available information

sources. Moreover, reading of materials is the second information seeking behavior adopted by PLWHA, followed by consulting the internet about faithfulness, then searching for materials. PLWHA seek information from journals and radio at the same frequency, Television, Colleagues, while the least consulted source of information is library. This is in line with the Nelson (2010) study in South-South, Nigeria which revealed that PLWHA source information on their health concerns from seminars, health care providers, and NGOs but hardly consult Library for the needed information. The relevance of the study findings on NGOs as source of vital information on risk practices by PLWHA supported the opinion of Onwuliri and Jolayemi (2006). According to the duo, it is noteworthy that some NGOs like Society of Women against AIDS in Africa-Nigeria (SWAN), with aid from international agencies such as the Bill and Melinda Gates Foundation, DFID, USAID, and UNICEF are intervening in key areas in response to HIV/AIDS. Furthermore, the study of Bamgbose, Oyesola, and Ogunmodede (2014) in Ibadan also affirmed that PLWHA seek information from hospital staff, print medium among others. The study discovered that information seeking of PLWHA was very high with electronic and printing sources found to be very crucial to issues relating to risk practices.

The finding from the study furthermore shows that there was negative but significant relationship between information seeking and risk practices among PLWHA in South-West, Nigeria as a single entity. This implies the more the information on risk practices is sought, the lesser the risk practices engaged in. In the study carried out by Gombachika, Chirwa, Malata, and Maluwa in Malawi in 2013 on exploration of sources of information for reproductive decision used by couples living with HIV, it was established that PLWHA seek information on making decisions that border on remarrying after divorce/death of a spouse, establishment of new marriage relationship with spouses living with HIV, and having children. However, the result revealed that seeking information about risk practices from electronic and print sources can impact HIV/AIDS related risk practices, but each of interpersonal and institutional sources has no influence on risk practices.

### **Summary**

The major findings of the study include:

1. PLWHA still engaged in sex without condom, sex hawking, casual sex, consumption of alcohol and hard drug among other risk practices.
2. Information seeking habit of PLWHA inversely affected their risk practices. The more the information, the less the risk practices of PLWHA. The information seeking was high, but risk practices were low.

3. Seeking HIV/AIDS related information from electronic and printing sources had impact on HIV/AIDS related risk practices.

### **Recommendations**

1. There is need to upgrade the knowledge of PLWHA on the need to caution them in engaging in unsafe sex, consumption Alcohol, and the use of hard drugs. Moreover, sex education should form part of the school curriculum in all learning institution in the country.
2. Literacy level of PLWHA should be upgraded by providing them with free educational materials, workshop and seminars thereby expanding their scope of knowledge about HIV/AIDS risk practices. In line with this, the Government ministry of health in collaboration with National Orientation Agency and other Non-governmental organizations can partner together with information specialists and health care professionals workshops and seminars for PLWHA.

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