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Information Utilization and Risk Practices of People Living with HIV/AIDS in South-West, Nigeria

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Information Utilization and Risk Practices of PLWHA

Information utilization is of paramount importance to the development and safety of individual lives, as well as the growth of our nation. Wilson (1999) defines information use as the physical and mental acts involved in incorporating the information found into the person's existing knowledge base. It may involve, therefore, physical acts such as marking sections in a text to note their importance or significance, as well as mental acts that involve, for example, comparison of new information with existing knowledge. The use of information in any intervention programme starts from the needs of information users. Individual chooses the most effective resources that he/she finds suitable to meet his or her needs. Information use is the exploitation of Knowledge acquired through study or experience or instruction for a particular purpose or to satisfy a peculiar condition. People use information to create knowledge, “but not just in the sense of data and facts but in the form of representations that provide meaning and context for purposive action” (Choo 2002,). Information use examines what people do with the information once it is acquired i.e. consider what happens with the information once it has been obtained, and how it is applied to accomplishing a specific task or goal.

Information use is one of three core elements of information behaviour, along with information needs and information seeking (Wilson 1999). People hardly differentiate information use from information need. Information needs arise out of a desire to meet one or other of three basic human needs i.e., physiological needs (need for food, shelter, etc.), psychological needs (need for domination, security, etc.) and cognitive needs (need to plan, learn a skill, etc.) Satija and Singh (2006). It is often linked to information need, in that information is needed so that it can be used. In the case of a goal-oriented information problem, it is essential to explicitly understand how information is used to address the problem. Otherwise we do not know if the actions, the help provided or the systems implemented produce relevant (to the user) results. If the information sought and returned is inadequate for the work task then such a system cannot claim to support the user. Marchionini (1995,) in his model of information seeking argues that use includes instances of information extraction that include reading, scanning, listening, classifying, copying and storing information. Notably these are higher level conceptual skills that indicate how the information is handled. Taylor (1991) proposed taxonomy of eight classes of information uses, generated from the information need(s) perceived by users: Enlightenment: context information; Problem Understanding: better comprehension of a specific problem; Instrumental: what to do and how to do something; Factual: precise data; Conformational:

verify a piece of information; Projective: future oriented; Motivational: relates to personal involvement; Personal or Political: relationships, status, reputation, personal fulfilment

These classes of information use were developed from expressions of perceived needs, rather than of observation, report or discussion of actual information use. As such they represent the objectives of the information seeking episode (e.g., precise data) rather than a set of uses of that information. In examining the value of library and information services, a concept with clear links to information use, Saracevic and Kantor (1997), described a three-step model of information use, with the following components:

Acquisition: getting information or objects potentially conveying information, as related to some intentions

Cognition: absorbing, understanding, integrating the information

Application: use of this newly understood and cognitively processed information. This model clearly links the seeking and acquisition of information to its use; however, the discussion of use remains at a broad, conceptual level.

Dervin's (1992) Sense-Making Theory views information behaviour in terms of a situation, a gap and an outcome, with information being used to bridge the gap and achieve the outcome. This framework, with its recognition of the importance of understanding how the information helps the user "make sense" of a situation, highlights the role of information use. Choo (2002) views information use as "a dynamic, interactive social process of inquiry that may result in the making of meaning or the making of decisions." The first type of use is intrinsic to the user, involved with human understanding and integration with the user's knowledge base. This is a process of interpretation that may evolve into a process of inquiry and debate that ultimately results in knowledge creation. This type of information use has no visible indicators except in the depth and breadth of one's personal knowledge base. The second form of information use concerns decision-making. While Choo discusses this form in the context of organizational decision-making, some aspects are equally applicable to individual decision making. Interestingly, his approach is also at a conceptual high-level matching of potential uses with stages of the decision-making process: identification, development, and selection.

Information use is the factor that drives all other information behaviours, since it represents the ultimate purpose for which information is needed and sought. Without consideration of information use, consideration of activities such as information seeking or information retrieval is incomplete. It is the use of the information that informs and drives the information seeking. It is not surprising that one of the common questions to arise during

a reference interview is to ask how the information will be used, or for what purpose it is sought. In the same way that the answer can inform the subsequent reference interaction, understanding information use can also inform how an information system is designed and implemented. How then, is an understanding of information use to be achieved? Discussions of use in isolation from need do not lend themselves to a comprehensive understanding of the process. Was the information that was needed and sought actually used to meet a goal or even possible to solve that goal? To make those connections we used a technique developed in business and industrial engineering which has examined many types of work processes – task analysis.

Risk can also be defined as the intentional interaction with uncertainty. These values according to Pooja (2014) include financial, achievement, health, and status among others. She however believes that risk could be handled by reduction, retention, avoidance and transfer. Risk generally often conceptualized as unfavourable outcomes and labelling factors that could increase the likelihood of negative behavior (Kirby; 2002 & Meacham; 2004). Risk practices of individuals differ because the variety of disposition that affect risk taken decision is underlined by the imaginable benefit attached to a particular risk (Wilder & Watt; 2002). This is in line with Adams (1999) argument that the person's decision to take risk may signify an equilibrium of concern between a probable risk and benefit. Within the context of health usage, risk is perceived as a happening that compromises health, which is the state of complete physical, mental and social well-being (WHO; 2002).

Information use seems to be the main zeal behind and the end result of all other components of information behaviour. Information use epitomises the ultimate reason for information need, seeking and access. Information use may involve corporeal acts of paying attention in a text by marking a section in order to signify its significance or conceptual feat like juxtaposing new knowledge with existing one. It is thus necessary to understand what PLWHA do with the information once it is acquired that is, contemplate what they do with information obtained from different source and how it is impacting their life that is not only positive and quality in general, but also risk practice free. Such information could be used for safe sex, status monitoring, faithfulness, condom use, desist from sharing sharp objects, medication adherence, peaceful co-existence and regular clinic visits. The use of information can however be only meaningful in a society or to a set of people who appreciate the need for it. Most importantly, the government or any of her agencies as a matter of responsibility, need

to recognise the relevant information to national growth and prosperity, and ensure that, and such information get the attention of the targeted population promptly (Oyewo, 2006).

The use of health information in any disease prevention and management programme starts from the need of information user. The type of ailment an individual is suffering from determines the kind of information that such individual may need and utilize. HIV/AIDS risk practices related information needs are determined by individual health concern, perceived threat, and perceived benefits associated with overcoming likely barriers. When people living with HIV infection recognize information on HIV/AIDS related risk practices as critical, they seek it in any accessible format. Such information can be put into several uses and for various purposes in every aspect of their life to ensure a risk free life. Tihamiyu (1999) emphasized the use of information for the development and progress of all the social structures in the community, ranging from family, religious, educational, political institutions and especially in the health sector. Faboyinde (2006) further supported Tihamiyu that “knowledge and information has become the most important tool for productivity, competitiveness and increased wealth and prosperity”. However, Franz (n. d.) stated that information can only lead development after it has been put into conceptual use which has to do with modification of level of knowledge, understanding and change of attitude. The second stage is instrumental use which involves the change of behaviours and practices, while the third stage is strategic use which involve manipulation of knowledge towards attainment of specific development goal. Information is often considered valuable because it can affect behavior, a decision, or an outcome. A piece of information is regarded valueless if things do not changed after receiving it.

PLWHA live in constant fear stigmatization and ignorance, Buchanan and Murray (2012) adduced this to the likely outcome that ignorance and stigma can lead to murder. They further revealed that “spouses have killed each other when they discovered that one of them have HIV infection”. This researcher however believes that such action is unnecessary if right information is used at the right time. Right information will prevent domestic violence and blaming game. This experience shows that adequate use of information is very essential for safety, knowledge, effective communication and can contribute to the peace and unity of families and the entire nation.

People living with HIV/AIDS can use information to engage in abstinence after comprehensive sex education which has come up quite often in recent years in secular and religious spaces. Many opinion holders and political leaders have taken their stance based

either on their doctrines, or evidence-based research. This sub section shows the different arguments by proponents of each of these schools of thought and some of the major drivers of their judgments. Safe sexual education has been broadly defined as the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy (AVERT, 2009). In pedagogic terms it is further describes as curricula grouped in two broad categories; comprehensive sex education (or abstinence plus) and abstinence-only until marriage (or abstinence-only education) according Yvonne (2009). The former generally emphasizes the benefits of abstinence but also teaches about contraception and disease-prevention methods, including condom and contraceptive use. Whereas, abstinence-only programs generally teach abstinence from all sexual activity as the only appropriate option for unmarried people (Collins, Priya & Summers; 2002:4.)

The type of information on HIV/AIDS related risk practices accessible by PLWHA is crucial to effective utilization. According to the report of Legarde, Pison and Enel (1996), the relationship between risk practices and AIDS information needs, access and utilization is positively related. The clear effect of the use of information as shown in the report shows that when the information needs are recognized, accessed and used, there is significant decrease in the number of men and women who engaged in casual sex relationship. Thus, it could be explained that recognition of information needs and accessibility could jointly aid information seeking and use thereby causing a change in behavioral responses to the problem of risk practices among PLWHA. However, for effective use, information should be packaged on how to make information help PLWHA “make sense” of his/her situation (Wilson, 2009).

Information use of an individual as observed by Paisely and Parker (2006) can be evaluated based on his/ her disposition to information seeking, which is expected to build over a time. Accordingly, health information resource plays important role in the modification of behaviours. Todd, Khakmov and Giasova (2009) believe that health information resources use itself is a behavioral issue, for it could influence the health behaviours of other people into compliance and adherence to medical treatment or prescription, therefore, utilization of information resources can influence patients' compliance , poor health care strategy and clinical outcomes (McDonald, Garg & Brian 2002). Level of information utilization or lack of utilization among PLWHA as a subsidiary of information behavior needs to be investigated as information use is the ultimate purpose of its creation and management. If information is not used in spite of the awareness that is

created about it and accessibility to it, the objective behind the effort of creation is largely defeated.

The kind of search an individual engages in therefore determines the kind of information that one may need and utilize, because what information that satisfies each person curiosity, as Kamba (2009) rightly observed, would largely depend upon the provision of the right kind of information in the right form and at the right time.

Shaughnessy, Crisler, Schlenker et al. (1994) came up with this formula:

$$\text{Utility} = (\text{relevance} \times \text{interactivity}) / \text{work to access}$$

Kosteniuk, Morgan & D'Arcy (2013) and Al-Darab (2006) described information utilization as vital to productivity.

There is however some challenges of information utilization as regards risk practices among PLWHA identified in the literature. These include inadequate information regarding factors that influence HIV transmission and methods for preventing transmission by the patients (CDC; 2003), low education level, non-adherence to ART, alcohol consumption before sex and the duration of ART (Yaya et al., 2014). Many authors according to Ncube et. al (2012) and Man et. al (2013) have noted that higher levels of education are protective against risky behaviour among PLWHA, The duo of them formed opinion that education promotes good life hygiene and a good perception of the risk of secondary transmission of HIV.

Objective of the Study

1. find out frequency of information accessibility among PLWHA in South-West, Nigeria;
2. discover common risk practices among PLWHA in South-West, Nigeria;
3. establish the relationship between information accessibility and risk practices among PLWHA in South-West, Nigeria.

Research Questions

The study attempted to answer the following questions:

- 1 What is the frequency of risk-related information use among PLWHA in South-West, Nigeria?
- 2 What are the risk practices among PLWHA in South-West, Nigeria, Nigeria?

Hypothesis

The study was tested under the following research hypothesis at 0.05 level of significance.

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

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 of information use on risk practice among PLWHA in the South-Western Nigeria. According to synthesised data of NACA (2015), South-West had prevalent rate of 2.6%. Per state prevalent rates were: Oyo (5.6%), Osun (4.3%), Ondo (2.6%), and Lagos 2.2%. The population of this study comprises of PLWHA that had ever attended clinics in public tertiary health institutions in the South-West zone of Nigeria. The total of population of the HIV/AIDS patients in the tertiary health institutions is 537,234 as shown in Table 1.

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

Name of Institutions	No. HIV Patients
Federal Medical Centre, Owo, Ondo State	3,294
Lagos University Teaching Hospital, Lagos, Lagos State	16,320
Ladoke Akintola University Teaching Hospital, Osun State	3,486
University College Hospital, Ibadan, Oyo State	509,303
Total	532,403

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:

$$N2 = \frac{(Z\alpha + Z\beta)^2 \times p(1-p)}{E^2}$$

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

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

P= HIV national prevalence of 3.4% or 0.034

E @ 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 was four hundred and twelve (412) respondents.

Presentation and Discussion of Findings

Four hundred and one questionnaire (401) were retrieved and subjected to analysis using SPSS 23version

Table 2: Demographic variables of the respondents

Parameters	Classification (n = 401)	Frequency	Percent %
Age of the Respondents (in years)	<20	3	0.7
	20-24	21	5.2
	25-29	52	13
	30-34	49	12.2
	35-39	83	20.7
	40-44	73	18.2
	45-49	60	15
	>=50	60	15
	Total	401	100
Gender of the Respondents	Male	131	32.7

	Female	270	67.3
	Total	401	100
Marital Status of the Respondents	Single	76	19
	Married	223	55.6
	Widowed	46	11.5
	Separated	40	10
	Divorced	16	4
	Total	401	100
	Religion of the Respondents	Islam	138
Christianity		262	65.3
Others		1	0.2
Total		401	100
Educational Level of the Respondents	None	45	11.2
	Primary	57	14.2
	Secondary	143	35.7
	Tertiary	155	38.7
	Others	1	0.2
	Total	401	100
Ethnicity of the Respondents	Yoruba	296	73.8
	Igbo	67	16.7
	Hausa	26	6.5
	Foreigner	2	0.5
	Others	10	2.5
	Total	401	100
Occupation of the Respondents	Artisan	54	13.5
	Schooling	47	11.7
	None	22	5.5
	Public Employee	92	22.9
	Private Employee	56	14
	Self Employed	117	29.2
	Others	13	3.2
	Total	401	100
Duration of the Respondents as HIV positive (in years)	<5	155	38.7
	5-9	179	44.6
	10-14	50	12.5
	15-19	14	3.5
	20 and above	3	0.7
	Total	401	100

Table 2 illustrates the uppermost percentage of the respondents were between the ages 35-39 years (20.7%), closely followed the participants who were aged 40-44 years (18.2%), next those who fell between the ages of 45-49 years and those who were 50years and above (15%). The respondents between the ages 25-29 years were 13%, while those between 30-34

years were 12.2%. The participants aged 20-24 years were (5.2%) while those participants whose ages was lower than 20years recorded the least percentage of 0.7. The implication of this result is that most of PLWHA were youth and young Adults.

Most of the respondents were female 67.3% while the remaining 32.7% were males. Exploration of respondents by marital status shown that most of the respondents were married (55.6%), 19% were single, 11.5% were widowed, 10% were separated, while the remaining 4% were divorcees. This suggested that majority of the respondents had marital commitment or a lot of them were couples. Religion wise, 34.4% of the respondents were Muslims, 65.3% were Christian while the remaining 0.2% practiced other religions.

Further scrutiny of the data revealed that most of the respondents had tertiary education (38.7%), followed by those with secondary education (35.7%), after which were those with primary school certificate (14.2%). 0.2% had other certificate while 11.2% of the respondents had no education at all. This revealed that a good percentage of the respondents were educated.

Table 2 further portrays the ethnic distribution of the respondents. Most of the participants were from Yoruba ethnic group 73.8%, followed by Igbos 16.7%, Hausas 6.5%, and other Nigerians 2.5%. Foreigners constituted minority 0.5%. This specifies that all major ethnic groups in the country participated in the study, though the Yoruba ethnic group formed the significant part, possibly because the study is centred on South-West geopolitical zone. The bulk of the respondents (29.2%) were self-employed, 22.9% were public employees, 14% were private employees, students constituted 11.7% each, artisans (13.5%), 3.2% do other works. 5.5% of the respondents had no work. This means good percentage of them had means of livelihood.

Analysis by duration of the respondents as HIV positive (in years) shows that 44.6% of the respondents have been living with the infection between 5-9 years ago. 38.7% have been with virus in less than five years ago, 12.5% knew their HIV status 10-14years ago, while 3.5% knew they had the virus 15-19 and 0.7% became aware they were infected 20 years ago. This implies that all the respondents knew they were living with HIV.

Research Question One: What is the level information utilization among PLWHA in South-West, Nigeria?

Table 3: Level information utilization among PLWHA in South-West, Nigeria.

S/N	Level of Information Utilization	Very often	Often	Rarely	Never
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1	I abstain from unsafe sex	193 (48.1)	146 (36.4)	39 (9.7)	23 (5.7)
2	I use condom because of the perceived benefits of protection	146 (36.4)	188 (46.9)	43 (10.7)	24 (6)
3	I am faithful to my spouse	172 (42.9)	160 (39.9)	52 (13.0)	17 (4.2)
4	I adhere to medication	253 (63.1)	95 (23.7)	38 (9.5)	15 (3.7)
5	HIV/AIDS information is used to co-exist with my spouse/friend peacefully	230 (57.4)	115 (28.7)	43 (10.7)	13 (3.2)
6	I support my spouse/friend because of HIV/AIDS education I received	237 (59.1)	109 (27.2)	39 (9.7)	16 (4.0)
7	I visit my clinic regularly because of health talks	273 (68.1)	92 (22.9)	24 (6.0)	12 (3.0)
8	I constantly monitor my status	249 (62.1)	103 (25.7)	37 (9.2)	12 (3.0)
9	I do not share sharp objects.	197 (49.1)	81 (20.2)	67 (16.7)	56 (14.0)
10	I keep to hospital visit appointment because of the importance attached to it by Records officers	262 (65.3)	88 (21.9)	33 (8.2)	18 (4.5)

Source: Field Survey, 2016

Percentage of level of respondents' information utilization per item was calculated by adding the fractions of very often, often and rarely responses together. The highest level of information utilization among PLWHA as regards risk practices are constant monitor status and regular clinic visits for health talk (97 %), then peaceful co-existence (96.8%), after which was medication adherence (96.3%), closely following this was support of spouse and friends (96%), faithfulness to spouse (95.8%) and keeping of hospital appointment (95.5%). Information utilization on abstaining from unsafe sex (94.3%), condom use (64%) while the lowest information utilization is prevention of sharing of sharp objects (86%). The level of information use is 78.12% derived by dividing the mean information use (23.45) by highest measurement of the instrument (30) expressed in percentage.

Research Question Two: What is the level information utilization among PLWHA in South-West, Nigeria?

Table 4: Level information utilization among PLWHA in South-West, Nigeria.

S/N	Risk Practices	Always	Often	Rarely	Never
1	Sex without condom	43 (10.7)	87 (21.7)	117 (29.2)	154 (38.4)

2	More than one sexual partners	23 (5.7)	105 (26.2)	157 (39.2)	116 (28.9)
3	Casual sex with individuals other than spouse	22 (5.5)	87 (21.7)	125 (31.2)	167 (41.6)
4	Alcohol Consumption	26 (6.5)	24 (6.0)	23 (5.7)	328 (81.8)
5	Hard drugs	26 (5.5)	24 (9.0)	57 (14.2)	286 (71.3)
6	Missing clinics	22 (5.0)	36 (13.2)	57 (21.9)	286 (59.9)
7	Missing medication	17 (4.2)	26 (6.5)	46 (11.5)	312 (77.8)
8	Share sharps	16 (4.0)	27 (6.7)	64 (16.0)	294 (73.3)
9	Sex Hawking	16 (4.0)	20 (5.0)	75 (18.7)	290 (72.3)

Table 4 revealed the risk practices prevalent among PLWHA and the percentages engaging in them. Percentage of risk practices of the respondents per item was calculated by adding the fractions of always, often and rarely responses together. 71.1% of PLWHA engaged in multiple sexual partners according to the study. This was followed by sex without condom (61.6%), then casual sex with individual other than spouse (58.4%) after which was missing of medical appointment (40.1%). Next to this was consumption of Hard Drugs (28.7%), then, sex hawking (27.7%), then, sharing of sharps (26.7%), missing of medication (22.2%), while the least was alcohol consumption (18.2.9%). The level of risk practice among PLWHA is 22.22%

Hypothesis One: There is significant relationship between information use and risk practices among PLWHA in South-West, Nigeria.

Table 5a: Correlations Matrix of relationship between Information Use and Risk Practices

		RP	S. Sex	Faith.	Med .A	P. C.	Clinic A.	Status M.	Non S.S. O
RP	Pearson Correlation	1							
	Sig. (2-tailed)								
	N	401							
Safe Sex	Pearson Correlation	-.193**	1						
	Sig. (2-tailed)	.000							
	N	401	401						
Faithfulness	Pearson Correlation	-.217**	.728**	1					
	Sig. (2-tailed)	.000	.000						
	N	401	401	401					

Medication Adherence	Pearson Correlation	-.204**	.433**	.537**	1				
	Sig. (2-tailed)	.000	.000	.000					
	N	401	401	401	401				
Peaceful Coexistence	Pearson Correlation	-.192**	.483**	.580**	.650**	1			
	Sig. (2-tailed)	.000	.000	.000	.000				
	N	401	401	401	401	401			
Clinic Adherence	Pearson Correlation	-.169**	.322**	.377**	.553**	.697**	1		
	Sig. (2-tailed)	.001	.000	.000	.000	.000			
	N	401	401	401	401	401	401		
Status Monitoring	Pearson Correlation	-.231**	.331**	.384**	.449**	.623**	.741**	1	
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000		
	N	401	401	401	401	401	401	401	
Non Sharing SO	Pearson Correlation	-.006	.186**	.241**	.238**	.305**	.397**	.319**	1
	Sig. (2-tailed)	.911	.000	.000	.000	.000	.000	.000	
	N	401	401	401	401	401	401	401	401

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

According to Table 11a, information use for safe sex ($r = -0.193$, $p < 0.05$), faithfulness ($r = -0.217$, $p < 0.05$), medication adherence ($r = -0.204$, $p > 0.05$), peaceful coexistence ($r = -0.242$, $p < 0.05$), clinic adherence ($r = -0.169$, $p < 0.05$) and status monitoring ($r = -0.231$, $p < 0.05$) have significant relationship with HIV/AIDS related risk practices, but non-sharing of sharp objects ($r = -0.06$, $p > 0.05$) had no significant relationship with the risk practices.

Table 5b: Correlation Analysis between Information Use and Risk Practices among PLWHA in South-West, Nigeria.

Measure	Mean	%	Std. Deviation	N	Correlation coefficient (r)	P-Value
Risk Practices of PLWHA measured on 27-point scale	6.00	22.22	6.47	401	-.257	.000
Information use of PLWHA measured on 30-points scale	23.45	78.12	5.8			

Table 11b shows that the mean information use of PLWHA was 23.45 (78.12%), SD=5.8 and that of risk practices was 6.0 (22.22%), SD=5.8. The correlation coefficient obtained was -0.257 with a $p < 0.05$. This indicated a negative but significant relationship between information use of PLWHA and their risk practices. Therefore, null hypothesis is rejected but the research hypothesis is accepted and restated that there is negative significant relationship between information use and risk practices among PLWHA.

PLWHA use information accessed on risk practices to regularly monitor their status and attend their clinic for health talk and constant monitoring of their status to avoid delay in presenting for treatment. They use information on infectivity and risk prevention for their survival. They also adhered to their hospital appointments and medication prescriptions, support and peacefully co-exist with their spouses and friends. Furthermore, they use the HIV/AIDS risk practices related information for abstinence from unsafe sex, for faithfulness, condom use while the lowest information utilization is prevention of sharing of sharp objects. The level of information use was found to be very high. This support the observation by Paisely and Parker (2006) that information use of an individual as can be evaluated based on his/ her disposition to information seeking, which is expected to build over a time. Accordingly, health information resource plays important role in the modification of behaviours. Todd, Khakmov and Giyasova (2009) believe that health information resources use itself is a behavioral issue, for it could influence the health behaviours of other people into compliance and adherence to medical treatment or prescription, therefore, utilization of information resources can influence patients' compliance , poor health care strategy and clinical outcomes (McDonald, Garg & Brian 2002).

The findings reveal that PLWHA information use can only have effect on risk practices if they engage in safe sex, faithfulness, peaceful coexistence, status monitoring, and medication adherence, but non-sharing of sharps has minimum effect on risk practices. Information use is inversely related to risk practices. This is in line with the study of Mathew, Sellergren, Manfredi and Williams (2002) among adolescents that established that health information use could influence people's behaviour towards compliance and adherence to treatment or prescription. In addition to these, further analysis shows that, information use has significant effect on risk practices among PLWHA as a single entity or when combined as a component of information behaviour.

Summary and Recommendation

The information use was found to be high but risk practices was low. PLWHA can reduce their risk practices if they meaningfully use information in modifying their life style to engage in safe sex, faithfulness, peaceful coexistence and status monitoring, medication adherence but non-sharing of sharp objects has minimum effect on risk practices.

It is highly recommended that the 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.

Equally, since most of the risk practices among PLWHA is built around sexual debuts, the concept of abstinence, faithfulness and the use of condom should form main components of HIV education in clinics, seminars and workshops for the infected.