

Health Information Needs and Sources Utilization by Undergraduates of University of Abuja, Nigeria

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Abstract

Health information needs of Youths have been undermined in many countries in Africa. It has been established that health habits developed during the youthful age affect the health status in later years. This study investigates the healthy information needs of Nigerian undergraduates in selected universities in Nigeria. The survey research design was adopted for this study. The population consisted of male and female undergraduates of varying characteristics. The population was stratified into male and female. Using random sampling of the undergraduates, a sample of 120 male and female students was selected. Questionnaire methodology was used in obtaining answers to the research questions. A total of 150 questionnaires was distributed however 120 were returned (a response rate of 80% was obtained). Descriptive statistics were used in analyzing the data. The findings revealed that the undergraduates are aware of their needs and they do seek out information in meeting this needs.(0.8% are indifferent to their health needs)Regarding the sources various sources are available for their use this include but not limited to Library Internet, health institution, Parents and peers, also the multimedia. These findings have implications in the area of increasing access to this sources and ensuring the reliability of the health information retrieved.

Background to the study

Information is essential for human existence. According to Mabanwonku (2006), information is an important resource used by all individuals at one time or another to carry out their functions. It equips a person with the power to choose from all possible options. Nwalo (2000) posits that information can be widely used to mean an idea communicated from one person, group or organization (source) to another person, group or organization (receiver). Aina (2003) concurs that information increases the state of knowledge of a recipient, help in resolving uncertainty and is of value in decision making. Information is useful to the society because it help in decision making.

The health information needs of undergraduates have been largely ignored. In many countries, there is a lack of information and services available to help them to understand their general well being and sexuality, including sexual and reproductive health, and to protect them from unwanted pregnancies and sexually transmitted diseases, including HIV/AIDS (Omotosho, 2005). Rolison (1998) defined health information as “information on a continuum between health education and health promotion. Therefore access to health information may contribute to health education and promote healthy lifestyle choices”.

In the National health policy declaration of the Federal Republic of Nigeria, the Federal, state and local government of Nigeria committed themselves and all the people to intensive action to attain the goal of health for all citizens by year 2000 and beyond, that is a level of health that will permit them all to lead socially and economically productive lives at the highest possible level. Young people are central to any discussion on health issues because of their population. There are about 1.2 billion young people on the world; the proportion of young people will continue to increase especially in developing countries where more than 80% of the world’s young people live (World Youth Report, 2003)

Around the world, adolescence is a time of opportunities as well as vulnerabilities to risk-associated behaviors that can have lifelong consequences for health and well-being (Barker, 2007). Around half of the world’s inhabitants are under the age of 20. As evidence from statistics and the experience of youth-serving Non Governmental Organizations show, adolescents who are healthy and happy are better equipped to contribute to their communities as young citizens despite the major shifts occurring in the world they are about to inherit.(World Youth Report, 2003) Young people in some parts of the world suffer from poor health as a result of societal conditions, including such factors as customary attitudes and harmful traditional practices and, in some cases, as a result of their own actions. Poor health is often caused by an unhealthy environment, by missing support systems in everyday life for health promoting patterns of behavior, but mainly by lack of information and by inadequate or inappropriate health services.

The information needs of adolescents tend to be diverse and not less complex than the average adult; however, there is a complexity to the methods used by adolescents.

Many Nigerian undergraduates seek information regarding curriculum, lifestyle decisions, and health, they need everyday information to grow and to fully mature into adulthood. Leaving sources of information to chance encounters and alternative methods creates a vacuum between the Nigerian undergraduates and authoritative sources of information, leaving the finished adult with only selective information sources.

Statement of the problem

The health information need of undergraduates in a developing country like Nigeria needs critical evaluation. It is important to understand the potential effects this need has on undergraduates in Nigerian Universities and the long time effect on their health. This is essential for all those involved in the development and implementation of health policies in the Nation. Health information though essential to the National and individual development may not be so readily accessible hence not well utilized due to various challenges encountered in obtaining health information by the undergraduates. These challenges include inadequate access to internet, absence of health education in their curriculum, unreliable information from peers and family, inadequate understanding of medical terms, absence of adequate materials in the library and resource centers, inadequate knowledge of how to seek out information in the library and internet, and resistance to imbibing health behaviour

Objective of the Study

The broad objective of this study is to investigate the needs of health information needs of undergraduate students in Nigerian universities with special focus on the University of Abuja. The specific objectives of the study include to:

1. Identify the health information needs of undergraduates in University of Abuja, Nigeria.
2. Determine the level of access to health information sources by the undergraduate students.
3. Establish the problems that the undergraduate students encounter in seeking and meeting their health information needs.
4. Identify the various sources of health information being consulted by the undergraduate students in meeting their health information needs..

Research questions

The study considered the following research questions:

- i. What are the various health information needs undergraduate students in University of Abuja?
- ii. What sources of information are being consulted by the undergraduate students in meeting their health information needs?
- iii. How accessible are the health information sources by the students?
- iv. What are the challenges being encountered by undergraduate students in obtaining health information?

Significance of the study

Generally there is an increased awareness and commitment towards increasing health information and improving the health status of the people of the Nation. To actualize this commitment, there is a need to take advantage of the relationship between health and information. Necessary information such as understanding the health information need of different categories of people such as the youth will help in channeling the right resources towards the development and implementation of the health policy beneficial to the different categories. Therefore, this study would provide useful information on the health information need of the undergraduate students and the various challenges being faced in meeting this need.

This study explores the health information needs, attitudes towards acquiring health information and challenges encountered by undergraduates in obtaining their health information needs. It is expected that the findings of this study will go a long way in helping government, non-governmental organizations and other stakeholder to understand health information needs of undergraduates and then know how to make the necessary provision in meeting this need. Meeting these needs will have an overall effect on the health status of the people of Nigeria.

Literature Review

Information is a valuable resource if properly managed and used can stimulate innovation, increase productivity, ensure consistent level of quality in every aspect of a nation. Approaching the end of the twentieth century, societies all over the world are changing. In many countries information plays an increasingly important role in the

economic, social, cultural and political life of the nation. This is taking place regardless of the country's size, state of development or political philosophy. One of the major information need areas of every human being is health information.

World Health Organization has defined Health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Health is one of the aspects greatly affected by information. Indeed, advances in the provision of health information are likely to raise the level of public health considerably. This would be done in three ways. First, doctors and other medical personnel will be better informed, they will know more about their patients and they will have ready access to much more information about diseases and their treatments. They will also be able to gain access to medical specialists in other towns or even other countries, consulting them on unusual cases. Secondly, there will be much better systems for epidemiology –“the scientific study of disease origin and spread also the pattern of disease development” so that we shall be able to trace many of the environmental causes of diseases more easily.

Improved medical record will also make it much easier to track and monitor undergraduates, alerting them if need be of new treatment options as they become available. Finally, improved consumer health information will enable us all to take better care of our own health. This allied to better provision of information about the content of foods, the tar level in cigarette et cetera, enables us to adjust our behavioral pattern to improve our health (Moore Nick, World, 1998). Rolison (1998) defined “Health information as information on a continuum between health education and health promotion. Therefore access to health information may contribute to health education and promote healthy lifestyle choices”. “Information is the first step to every healthy choice. Improvements in our health depend on us taking control over, and responsibility for, health as an important component of our everyday lives. This active participation requires full and continuing access to information: information about our bodies, their workings in health and illness, and the services available to us in treatment and care, support and co-operation” (Gann, 1986)

Health Information Need of the Youth

According to the World Youth Report of 2005, young people in some parts of the world suffer from poor health as a result of societal conditions, including such factors as

customary attitudes and harmful traditional practices and, in some cases, as a result of their own actions. Poor health is often caused by an unhealthy environment, by missing support systems in everyday life for health promoting patterns of behavior, by lack of information and by inadequate or inappropriate health services. Problems include the lack of a safe and sanitary living environment, malnutrition, the risk of infectious, parasitic and water-borne diseases, the growing consumption of tobacco, alcohol and drugs, unwarranted risk-taking and destructive activity, resulting in unintentional injuries.

Many young people bear the burden of poor health owing to the effects of accidents and injuries including those caused by insecurity, war and occupation. In all countries, whether developing, transitional or developed, disabilities, acute and chronic illnesses are often induced or compounded by economic hardship, unemployment, sanctions, embargoes, poverty or poorly distributed wealth. According to Thomson (2002), report of an evaluation of regional youth programme, the cumulative toll of violence, HIV/AIDS and now tuberculosis on youth is adding to the already heavy price still being paid by child victims of malaria and vaccine-preventable diseases. All of this exists in stark contrast to the many gains made through the efforts of national authorities, young people themselves and the local communities in which they live, supported by the achievements of international development agencies working to ensure that the special needs of this important population and their right to good health are understood and met. Global interest in the health of adolescents and youth has manifested itself in the many expressions of commitment to their healthy personal, spiritual, social, mental and physical development.

Making carefully considered informed choices at the policy and programme levels can have profound long-term effects. In every culture and economic setting, a sound evidence base enables policy makers, religious and community leaders, NGOs, and medical and legislative bodies to ensure inter-sectoral intervention and strong sectoral responses to save young lives and meet the needs of young people. Also, national demographic patterns notwithstanding, youth represent a large global client base with evolving needs in the areas of health services, information and counseling, which has implications not only for the present but also in terms of future requirements for a reformed health sector (Barnett & Schueller 2000). Within this context, youth constitute

an important resource base for improving their own health and that of society, contributing to global development and intergenerational solidarity (United Nations, 2002) The youth population is burgeoning in some countries, and in these areas and elsewhere adolescents are confronting new situations and threats to their present health, (WHO,2001)) moving towards a future in which their health status is likely to be compromised. The health, education and social sectors are called upon to devise, test and make wider use of effective new approaches, including operational, social science and community-based research, clinical studies and longitudinal surveys focused on adolescents and youth. Often slow to recognize the essential value of the inter-sectoral approach in meeting the needs of the population, public health institutions in particular need to provide services and train personnel to ensure that no young person slips through the cracks in health care. There is room for optimism about the health sector's ability to overcome its conservatism and respond to the needs of youth, adapting to new local realities, if for no other reason than cost-effectiveness.

According to Palmer (2002), helping youth make decisions that will positively affect their health and their prospects for the future is a challenge for communicators and educators. A variety of means must be used to reach young people, a group characterized by great diversity; they have had a wide range of experiences and have different needs and lifestyles. Health information and knowledge about diseases and about bodily conditions and functions are evident determinants of health status and outcomes. UNICEF, Multiple Indicator Cluster Surveys (1999-2001) however, found that as information (learning to know) is only useful if reinforced by positive attitudes (learning to be) and useful skills (learning to do), the ability to recognize a potential problem must be accompanied by the will and the identification of the means necessary to avoid it. UNESCO (1994) describes life skills as abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. This includes the ability to negotiate and exercise good judgment, maintain self esteem and handle pressure.

Availability of Health Information Source for the Youth

All young people should have access to basic health services in the interest of all and of society as a whole. It is the indispensable responsibility of each Government to

mobilize the necessary awareness, resources and channels. These measures should be supported by a favorable international economic environment and by cooperation. In the face of increasing substance abuse, physical inactivity with concomitant obesity and other forms of risky behavior among adolescents, (Centre for Diseases Control (CDC) 1992), the initial confidence about the ability to influence adolescent lifestyle and thereby later health has gradually become more realistic. Until recently, prevention programs primarily aimed at increasing knowledge, rather than influencing behavior. (Palti et al ,1995).

Knowledge, attitudes, and behavior are tenuous, and that increased knowledge does not necessarily lead to a change in behavior. Empirical evidence moreover, has consistently shown the ineffectiveness of programme focusing on increasing knowledge, and some were even associated with increased drug use by stimulating students' curiosity, (CDC,1992).

According to Shama and Coombs (2007), the relative autonomy of schools and educational interventions for substance abuse prevention, sex education, and gender stereotyping. Many drug-use prevention programs have relied almost exclusively on adverts or public service announcements to impact attitudes and behavior. Evaluative research is frequently non-existent, strategy is not well formulated and audience segmentation is forgone. Even high-profile and costly programs, such as DARE (Drug Abuse Resistance Education) in the USA showed only limited effect on preventing drug abuse, if at all, but are nevertheless continued because they are highly valued by society. Moreover, messages about healthy lifestyles are confusing and often conflicting, leading to behavior often contrary to what was intended by the health promotion professionals (Kelly, 1995)

Although as reported by United State Agency for International Development (USAID) (2005) there are some minor differences, developments in Nigeria are virtually the same as those in other African countries, both in regard to the increase in substance abuse as to the development, implementation and effectiveness of prevention programs. Sexuality lessons are first learned from parents who have the primary responsibility for providing sexuality education for their children (Synovitz, et al 2002). As a child starts primary and secondary schooling, the responsibility expands to engage teachers. The community as well has an obligation to provide sexuality education programs.

According to the World Health Organization (WHO) there are more than 50% new Human Immunodeficiency Virus (HIV) infections occurring among the 15-24 year-olds. Approximately 17 million girls younger than 20 years give birth each year in developing countries (Silberschmidt & Rasch, 2001). Substantial numbers of youth are still engaging in high-risk sexual practice such as unprotected sexual intercourse. A recent WHO global review of research exploring sexual practices concluded that the most successful approaches are those which do not focus exclusively on the cognitive processes of the individual but also take into account the social world in which the behaviour happens (Mitchell, Debbie & Watson, 2000).

Health Information Seeking Behaviour of Adolescent

To understand why young people seek health information, and what health information they seek, requires understanding how adolescents define their need, in addition to understanding the perceptions and biases of parents, service providers, policy-makers and other adults. While internalized gender norms have different manifestations depending on context and culture, gender norms are key to understanding the health information-seeking behavior of adolescents, and to the nature of social supports offered, and must be considered when studying and promoting adolescent health information-seeking. Use of, and access to formal health and other social services. In Bangladesh, for example, young girls report that they are frequently put off using available health services due to shyness and fear, especially if the doctors are male (Mitra et al., 1997). Indeed, in many Asian countries, young women are likely to face family and community censure, are shyer or more embarrassed about accessing services and are more likely to face negative attitudes from providers. In some countries, married adolescent women face specific barriers to service use related to seclusion norms, a lack of decision-making authority with their spouse or with the extended family setting they live in as observed in the Northern part of Nigeria and Muslim dominated settlement and resources to make use of services. In some, while internalized gender norms have different manifestations depending on context and culture, gender norms are key to understanding the health information-seeking behavior of adolescents, and to the nature of social supports offered, and must be considered when studying and promoting adolescent health information-seeking.

Adolescents may trust or rely on their parents for certain needs while not relying on them for other needs, those related to autonomy, to conflicts within the family itself or sexual relationships. Among others, adolescents may be in conflict with their parents and turn to other sources of support. For example, in many developing country settings, adolescents are more likely to say they trust an extended family member or a source of formal support like a health educator rather than their parents when they seek health information related to sexual health (Newton, 2000; WHO, 1997). Health information is sought to alleviate distress by using one's informal (e.g., family and friends), formal (teachers, psychologists, etc.) and environmental sources of support (Broadhurst, 2003; Nadler, 1990; Offer & Schonert-Reichl, 1992; Rickwood, 1995).

Seeking health information enhances solving the problem but may be perceived as personal weakness and an inability to cope on one's own (Al-Krenawi, Graham, & Kandah, 2000). The "psychological cost" of health information seeking, in the form of admission to incompetence and feelings of worthlessness, may threaten the adolescent's self-esteem (Broadhurst, 2003; Nadler, 1986, 1991; Vogel & Wester, 2003) both admitting to a need or challenge and actually seeking health information can be embarrassing; both underscore the social side of health information-seeking, which is influenced by culture and youth culture.

Health information-seeking behavior can be defined as any action or activity carried out by an adolescent who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way. This includes seeking health information from formal services for example, clinic services, counselors, psychologists, medical staff, traditional healers, religious leaders or youth programmes as well as informal sources, which includes peer groups and friends, family members or kinship groups and/or other adults in the community. The health information provided might consist of a service (for example a medical consultation, clinical care, medical treatment or a counseling session), a referral for a service provided elsewhere or for follow-up care or talking to another person informally about the need in question.

Research Methodology

This study adopted a descriptive survey type of research design while the questionnaire was adopted as a major instrument of data collection. The target population is made up of undergraduates from the University of Abuja, Nigeria consisting of over 1,500 undergraduates undergoing full time and part time programmes. The undergraduates of University of Abuja are of diverse background characteristics, varying in age, sex, discipline, grade and level. Some of them are also involved in full and part-time studies.

A sample size of 150 undergraduates of the University was used for this study. The sampling technique made adopted was simple random sampling. Questionnaire was distributed within the different departments in the ten faculties to get a representative sample of the target population. A simple random sampling was used to select undergraduates in different departments. The study was able to represent every faculty with at least ten students, our sample was chosen to represent all faculties of the university. The disciplines represented in this study are arts (20 students), social sciences (22 students), education, (16 students), management sciences (14 students), engineering (12 students), law (10 students), agriculture (10 students), sciences (24 students), medicine and veterinary medicine (20 students).

Data Analysis and Discussion of findings

A total of 150 copies of the questionnaire were distributed to the undergraduates consisting of 80 male and 70 female undergraduate students of the University of Abuja, Nigeria. However a response rate of 120 was achieved (80%). This is acceptable for this research. The data were analyzed using simple descriptive statistical technique like tables and percentages.

Background Information of Respondents

The information from data analysis revealed that the respondents were predominantly male (58.3%) and female (41.7%). Their mean age was 19. Their age distribution is presented in Table 1; All respondents were enrolled in full or part-time courses at the University of Abuja.

Table 1: Distribution of respondents by age group

Age group in years	Frequency	Percentages (%)
16-20	72	60
21-25	19	15.8
26-30	21	17.5
31-35	8	6.6
36 & above	0	0

The distribution presented in Table 1 shows that majority of the respondents are in their youthful age, 16-25 with 91 or 75.8% response rates. This is line with the age requirements for undergraduate students in Nigerian universities.

Table 2: Distribution of their level of study

Level of study	Male	Female	Total
100	12	10	22
200	30	9	39
300	18	20	38
400	8	11	19
500	2	0	2
TOTAL	70	50	120

Information gathered from table 2 revealed that there are more male students among the respondents than female. This may mean that there are more male undergraduate students in Nigerian universities than female.

Research question 1: What are the various health information needs among Nigerian undergraduates?

Table 3: Frequency distribution of undergraduate students' health information needs

Health needs	Frequency	Percentage (%)
Sexual issues	90	75
Medications	69	57.5
Illness prevention	70	58.3
Diet and exercise	103	85.8
Alternative therapies	21	17.5
Diagnosed medical condition	85	70.8
Drugs/alcohol/smoking	73	60.8
Allergies	39	32.5
Eye and Dental care	50	41.7

Table 3 presents information on the respondents health information needs and it revealed information on diet and exercise (103 or 85.8%), information on diagnosed

medical condition (85 or 70.8%), and information on drugs/alcohol/smoking as topping the list of health information needs of the respondents. This implies that the major health information needs of the undergraduate students are diet and exercise information, diagnosed medical condition information, and drugs/alcohol/smoking information. This corroborated Palmer (2002) views that health information needs of youth are diverse and continually changing.

Table 4: Frequency of undergraduate current health information needs

Description of current health information needs	Frequency	Percentage (%)
Urgent/Immediate concern	30	25
Ongoing/Chronic Problem	18	15
Maintaining good health	72	60

Table 4 presents information on the current health information of the undergraduate students and it revealed that majority of the undergraduate students affirmed “maintaining good health” (72 or 60.0%) as their current health information need. This finding is at variance with Baker (2001) findings that emphasised that Undergraduates health needs is often centered on sexual issues.

Research question 2: What are the sources of information being consulted by the undergraduate students in meeting their health information needs?

Table 5: Information sources being consulted by undergraduate students in meeting their health information needs

	Sources of Health Information	Frequently	Occasionally	Rarely	Never
I	Television	53	49	13	7
Ii	Radio	45	35	32	8
Iii	Hospital / Health centre	23	58	21	18
Iv	Library/Information centre	12	36	27	45
V	Newspapers/Magazines/Journals/Booklets	55	25	27	13
Vi	Poster, Billboard, and other visual aids	67	13	24	5
vii	Interpersonal discussion with families and Peer)	22	8	12	78
viii	Health outreach	45	23	12	10
V	Lectures	65	24	12	15
Ix	Voluntary group and agencies	11	2	32	53
X	Patent medicine sellers	33	34	17	34
Xi	Religious institutions	2	4	23	73
xii	Internet	50	30	22	18

Table 5 presents information on the sources of information being consulted by the undergraduate students in meeting their health information need and it reveals that majority of the respondents affirmed sources such as Posters, Billboards and Visual aids (67), Lectures (65), Newspapers/Magazines/Journals/Booklets (55), Television (53) and Internet (50) as major sources being frequently used in meeting their information needs. This implies that the students make use of oral, electronic and print sources in meeting their health information needs.

Research question 3: How accessible are the health information sources by the students?

Table 6: Respondents' opinion on the accessibility of Health information sources.

	Sources of health information	Accessible	Not accessible	Not sure	Total
i	Television	90	30	0	120
ii	Radio	110	0	10	120
iii	Hospital/Health centre	73	33	14	120
iv	Library/Information centre	44	45	31	120
v	Newspaper/Magazine/Journals/Booklets	89	24	7	120
vi	Posters/Billboards and visual aids	110	9	1	120
vii	Interpersonal discussion (with families and peers)	75	26	19	120
viii	Health outreach	34	19	67	120
ix	Lectures	38	65	17	120
x	Voluntary group and agencies	21	65	34	120
Xi	Patent medicine sellers	87	12	21	120
Xii	Religious institutions	35	55	30	120

Table 6 presents information on the respondents' opinion on the extent of accessibility of health information sources available to them and it reveals that majority of the students affirmed Radio (110), Posters/Billboards/Visual aids (110), Television (90), Newspapers/Magazines/Journals (89), Patent medicine sellers (87), Interpersonal discussion (with families and Peers) (75), and Hospital/health centre (73) as major health information sources accessible to them. This implies that the students attested to the accessibility of print, electronic and oral health information sources available to them.

Research question 4: What are the challenges encountered by undergraduates in obtaining health information?

Table 6: Distribution of factors affecting accessibility of health information with age

Factors constraining students' access to health information	15-20	21-25	26-30	31 & Above	Total
Inadequate knowledge of how to use health information sources	43	9	11	4	67
Unreliability of Health Information sources	12	3	0	1	16
High cost of obtaining information from health information sources	10	7	6	1	24
Problem of accessing the health information sources	7	0	4	2	13
Total	72	19	21	8	120

Table 6 presents information on the factors hindering the students' access to health information sources and it clearly shows the problem of "inadequate knowledge of how to use health information sources" as the major challenge as attested to by majority (67) of the students. This implies that the students lack adequate knowledge on how to search for and use information retrieved from health information sources. The table further revealed that the lack of adequate knowledge is more pronounced among the age range of 15-20 years.

Conclusion

The aim of this study is to investigate the needs for health information among undergraduates in Nigeria. The study observed that Health information needs of the undergraduates are diverse in nature just as the attitudes of the Nigerian Undergraduates towards acquiring health information from a source depend on their confidence in it. The sources of health information available to them include internet, library, health institution, Parents and peers, health professionals, multi media. The challenges encountered in accessing health information include knowledge of how to access the health information, cost of accessing the information, ease of understanding of the terms used and reliability of information obtained from the sources. All this affect their health information accessibility.

The study concludes that in spite of all the health information sources and services such as library, health institution, interpersonal discussions, internet and multimedia available to undergraduates, their health information needs is not adequately attended to. Health information needs of undergraduates are diverse and it varies from sexual issues, exercise, medications, dental care, eye care, alcohol, body care and many others. However, the accessibility of most of these sources and the usage of this source remains very low despite their health information needs. Although young people generally constitute one of the healthiest population groups, poor health resulting from disease, accidents or injury and ignorance greatly affect them.

Factors that influence the health of young people are numerous and interrelated. Consequently, successful health policies for this group must be interdisciplinary and intersectoral, taking into account not only their physical condition, but also their personal, social, emotional and mental development. It is therefore imperative that national youth health policies and strategies extend beyond the health sector. Understanding the actual needs of information users and taking steps to satisfy them is the first step towards effective service provision.

Recommendations

In view of the findings, the following recommendations are made;

- Health care delivery system in the Nigerian Universities should be improved to increase its accessibility. This will ensure prompt response to their health information needs
- Since interpersonal discussion with Parents and peers constitute a major source of Health information in the Nigerian Universities, the introduction of health education into the curriculum of all the disciplines will encourage the transmission of reliable health information and the development of healthy behaviour. Information centres should be established in all the schools to foster information dissemination in the communities.
- Health information disseminated through the multimedia should be censored to prevent the dissemination of contradicting health information.
- Since there is high utilization of the internet, internet services should be provided at a subsidized rate within the university environment.

- More health campaign should be encouraged more within the University as it increases access to health information, and necessary questions can be asked and answered immediately. Also, peer counseling should be encouraged by those organizing the campaign because they will be freer with their peers that have been trained in peer counseling.

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