INFORMATION SOURCES, ACCESS AND USE BY STATE AGENCIES FOR THE CONTROL OF HIV/AIDS IN NORTH CENTRAL STATES OF NIGERIA

BY

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A THESIS SUBMITTED TO THE POST GRADUATE SCHOOL, AHMADU BELLO UNIVERSITY, ZARIA IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE MASTER OF LIBRARY AND INFORMATION SCIENCE (MLS) DEGREE

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DECEMBER, 2012

DECLARATION

I hereby wish to declare that this thesis entitled "*Access and Use of Information by State Agencies for the Control of HIV/AIDS in North Central States of Nigeria"* has been written by me under the supervision of Professor I. I. Ekoja and Dr K. A. Momoh. That the work has never been presented anywhere, either wholly or in part, for the award of a higher degree. That all literature consulted and cited were fully acknowledged within the text and by means of references.

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CERTIFICATION

This is to certify that this thesis entitled *"Access and Use of Information by State Agencies for the Control of HIV/AIDS in the North Central States of Nigeria,"* has met with the requirements for the award of the degree of Masters of Library Science (MLS) of the Postgraduate School, Ahmadu Bello University, Zaria-Nigeria. Thus, it is hereby approved for its literary presentations and contribution to knowledge.

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DEDICATION

This research work is dedicated to Almighty God for his mercies and divine protection upon my life and to my dear husband, Pharmacist F. O, Adeniran and my lovely children Seun, Femi, Pelumi and Mayowa Adeniran.

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TABLE OF CONTENTS

Page

LIST OF TABLES

LIST OF FIGURES

List of Abbreviations

AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Anti Retroviral Therapy
ARV	-	Anti – Retroviral
BENSACA	-	Benue State Action Committee on AIDS
CBOs	-	Community Based Organizations
CMO	-	Communication and Mobilisation Officer
CSOs	-	Civil Society Organizations
FACA	-	Federal Action Committee on AIDS
FCT	-	Federal Capital Territory
FGDS	-	Focus Group Discussions
HAART	-	Highly Active Anti – Retroviral Therapy
HBC	-	Home Based Care
HCT	-	HIV Counselling and Testing
HEAP	-	HIV/AIDS Emergency Action Plan
HIV	-	Human Immunodeficiency Virus
HMIS	-	HIV Management Information System
HSSS	-	HIV/AIDS Sentinel Surveillance Survey
IAUHA	-	Information Access and Use of the Control of HIV/AIDS
IEC	-	Information Education and Communication
IFLA	-	International Federation of Library Associations and Institutions
KOSACA	-	Kogi State Action Committee on AIDS
KWASACA	-	Kwara State Action Committee on AIDS
LACA	-	Local Action Committee on AIDS
LACA	-	Local Agency for the Control of HIV and AIDS

LM	-	Line Ministries
M/EO	-	Monitoring and Evaluation Officer
MDGs	-	Millennium Development Goals
NACA	-	National Action Committee on AIDS
NACA	-	National Agency for the Control of HIV and AIDS
NASACA	-	Nasarawa State Action Committee on AIDS
NC	-	North Central
NE	-	North East
NEACA	-	National Experts Advisory Committee on AIDS
NGOs	-	Non – Governmental Organizations
NISACA	-	Niger State Action Committee on AIDS
NNRIMS	-	Nigerian National Response Information Management System
NPC	-	National Population Commission
NSF	-	National Strategic Framework
NW	-	North West
OVC	-	Orphans and Vulnerable Children
PCA	-	Presidential Committee on AIDS
PLACA	-	Plateau State Action Committee on AIDS
PLWAs	-	People Living With AIDS
PLWHAs	-	People Living With HIV/AIDS
PM	-	Project Manager
PMTCT	-	Prevention of Mother to Child Transmission
SACA	-	State Action Committee on AIDS
SACA	-	State Agency for the Control of HIV and AIDS
SE	-	South East

SS	-	South South
SS	-	Support Staff
STDs	-	Sexually Transmitted Diseases
STIs	-	Sexually Transmitted Infections
SW	-	South West
VCT	-	Voluntary Counselling and Testing
UNAIDS	-	Joint United Nations Programme on AIDS
USAID	-	United States Agency for International Development
WACA	-	Ward Action Committee on AIDS

ABSTRACT

This study was carried out to investigate information sources, access and use by State Agencies for the Control of HIV/AIDS in North Central States of Nigeria with regards to the information needs of the Agencies for the control of HIV/AIDS; purpose of which information was utilized; the sources of information; information tools available; how readily available are needed information; how readily accessible are needed information by the state agencies; and how satisfied are the agencies; and accessible was the information needed by the state agencies were, with accessibility and utilization of the available information for the control of HIV/AIDS in the North Central States of Nigeria. Survey method was used for this study. The entire 120 field workers of the agencies were used as population of the study. The instruments used for data collection were the questionnaire, observation and interview. The data collected were presented using frequency distribution tables, figures, percentages, pie chart and histograms. The findings indicated that Medical Centres, Ministries of Health and NACA, SACA NGOs and FBOs offices as well as meeting of stakeholders were the major sources of information available for the control of HIV/AIDS by the agencies in the North Central States of Nigeria. It was also found that the commonest information tools deployed for the control of HIV/AIDS by the agencies were Nigerian National Response Information Management Systems (NNRIMS) and Prevention of Mother to Child Transmission (PMTCT) information. It was also found that the most significant purposes of information utilization by the agencies were for decision making, planning for future development as well as use of hospital services. It was also discovered that the agencies were largely satisfied with information accessibility and utilization at NACA, SACA and Ministries of Health for the control HIV/AIDS. This study concludes that although information remains a veritable tool in the control campaign against the rising wave of HIV/AIDS, the challenges confronting the agencies for the control would continue to hinder the optimum realisation of their mandates.. However, there should be an enhanced accessibility to the right information at the right time and in an appropriate format to meet the needs of individuals faced with the challenges of HIV/AIDS in the North Central States. The following recommendations were made; Government should ensure that the sources of information are available for the control of HIV/AIDS so as to enhance utilization by the State Agencies in the North Central States and in Nigeria generally, there should be increased availability of information tools by the government for the control of HIV/AIDS by the State Agencies in the North. Government should provide adequate information needs of the agencies so as to enhance easy accessibility and unhindered utilization. Lastly, Libraries should collaborate with the state agencies for the control of HIV/AIDS by educating users and organizing awareness as well as outreach services in collaboration with NGOs on the subject of HIV/AIDS to fight against this scourge.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Information has come to represent the prime commodity of the present age. Although the developing countries may not have come to a firm grasp with this reality, it is both a statement and a reaffirmation of an already established fact in the developed nations. It is now commonly observed that the material prosperity of a nation is linked directly to its information wealth and vice-versa. The availability, accessibility and utilization of information through an effective dissemination network represent a necessary pre-condition for the emergence of a crop of well-informed citizenry. Information must be available, adequate and accessible in order to be presented in a way that is acceptable to facilitate its acceptability and eventual utilization. Thus, information is a vital commodity in every environment and its use is largely determined by its availability and accessibility.

Availability of an information source does not necessarily imply its accessibility, because the source may be available but access to it is prevented for one reason or the other (Aguolu and Aguolu, 2002). Accessibility could mean authorization, opportunity, or right to access records or retrieve information from different sources of information such as internet, radio, posters, bulletins, newspapers, journals and libraries and information centres. Availability of information entails the provision and supply of information at the right quantity and time. Accurate, credible and accessibility of information in whatever medium and quantity will be meaningless if it does not meet the need of the audience in terms of economic, social, political, cultural, scientific and technological considerations. Uhegbu (2001) affirmed that without available good information, accessibility will be difficult and its utilization impaired. Information use according to Joan and Elaine (2007) is the utilization of information either in form of tangible or intangible resources. They stress further that

information need and information use are clearly linked since information is needed to fulfil a use, while information need tends to highlight the purpose for which the information is sought (the goal or objective) but does not usually extend to include how exactly the information applied to achieving the goal, information use focuses on the latter use. Thus, the agencies for the control of HIV/AIDS use information in order to control HIV/AIDS, for advocacy and make life meaningful for People Living With HIV/AIDS (PLWHAs). Information is needed for a variety of purposes and its use depends on its availability, accessibility, purpose and various communication channels. The ability for all to access and contribute information, ideas and knowledge is essential in an inclusive information society.

Accessibility to information is highly crucial and should not be prevented by any situation either through the organization, processing, or means of disseminating. This information should not hinder its accessibility. Thus, easy and good access to information will enhance utilization. There is no doubt therefore that unhindered, free flow of information is critical to unrestricted access to information for all kinds of needs and uses. Since the agencies would need information to provide services of creating awareness about the HIV/AIDS scourge, a discourse of access to information as is done in this segment of the review becomes even more pertinent.

The need for health information has been evident from the earliest times. Illness is part of human condition and there have always been healers of some sort or another. Some illnesses can be averted and some can get cured when knowledge of the cause and cure is available to the carrier. It is an established fact that information is a vital resource to all creams of life and endeavour. The variation in the information required by different people account for diverse sources being used to seek for it. In the light of this, Losee (1997) posited that information gives knowledge which transmits to whole being.

Reiterating this, Onohwakpor (2011) stated that many people are academically, socially,

politically and economically backward today due to lack of information. Okoro (2004) noted that one cannot be adequately empowered without adequate information. Information is a very essential commodity and whoever is in possession of it is seen as possessing power. Knowledge is expanded when right information is acquired. Owing to the fact that a lot of people are ignorant of the magnitude of both the human and material costs of contracting a disease due to lack of information.

Similarly, Muhammed (1994) underscored the unquantifiable value of information, when he reiterated that it is "the vital resource, which provides impetus for a nation's social, cultural, spiritual, political, economic, scientific and technological advancement; greater socio-political equity; efficient governance, power and followership." Thus, it is easy to infer that information always plays an important role in human life; hence a basic human need. If it is then true that information, as often expressed by many experts, is a basic human need, it therefore becomes even more fundamental for it to be disseminated in such ways as could ensure its free and equal accessibility by every member of a given society, irrespective of racial, religious, geo-political and economic status of the recipients.

There is no doubt that managing information is an important part of coping with illness and includes communicative and cognitive activities like seeking, avoiding, providing, appraising, and interpreting information. It is complex in that people's information behaviours and needs vary over the cause of their illnesses and along with the availability and quality of information. Considering the task of sensitizing the populace by the agencies towards the control of the epidemic, the role of information in facilitating this becomes highly imperative. Popoola (1998) posited that the ability to achieve the goal of improved healthcare services depends on the availability, accessibility and utilization of information in the existing national information system. This, however, indicates that only functional accessibility and utilization of information can provide good information services to the agencies responsible for the control of HIV/AIDS

pandemic.

However, such information must not only be available, adequate and accessible but must be presented in a way that is acceptable to facilitate its acceptability and eventual utilization. Thus, information is a vital commodity in every environment; its use is largely determined by its availability and accessibility. This is owing to the fact that the ability to deploy relevant information as a preventive means will be largely dependent upon unrestricted access and eventual utilization**,** which is the main focus of this study.

1.1.2 Background Information on State Agencies for the Control of HIV/AIDS

The National Agency for the Control of AIDS (NACA) was formerly known as the National Action Committee on AIDS. It serves as the umbrella for state agencies and was established in February 2000 to coordinate the various activities of HIV/AIDS in the country. Between 2000 ansd 2002, all the States inaugurated a State Action Committee on AIDS (SACA). In 2003, NACA commissioned review of the SACAs, showing that some were active, with 40% of all SACAs meeting at least four times a year. The SACAs and Local Action Committee on AIDS (LACAs) are responsible for spearheading the multisectoral response to HIV/AIDS at the State and Local Government levels. Other agencies are World Health Organization (WHO), Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), Ministries of Health, Information, Education, Rural Development. (NACA, 2005).

NACA serves to ensure that entities and groups responsible for implementation of the National Strategic Framework (NSF) objectives and activities receive the financial, organizational and human resources support required to undertake and complete assigned activities in a multi-sectoral environment. It also serves to ensure that all partners in the war against HIV/AIDS see the NSF as a frame-work for national and nation-wide coordination of one response (NACA, 2010).

Some of the objectives set out by SACA, according to NACA (2010) include, among others, to: coordinate and sustain advocacy by all sectors and at all levels for HIV/AIDS/STDs Expanded Responses in Nigeria; develop the framework for collaboration and support from all stakeholders for a multi-sectoral and multi-disciplinary response to HIV/AIDS in Nigeria; develop and articulate a strategic plan for an expanded national response to HIV/AIDS in Nigeria; coordinate, monitor and evaluate the implementation of the Strategic National Plan for the control of HIV/AIDS/STDs in Nigeria and all other approved policies; coordinate and facilitate the mobilization of resources for an effective and sustainable response to HIV/AIDS/STDs in Nigeria.

The state agencies for the control of HIV/AIDS are responsible to the following functions: plan and coordinate activities of the various sectors in the National Response Strategic Framework as well formulate policies and guidelines on HIV/AIDS; facilitate the engagement of all tiers of government and all sectors on issues of HIV/AIDS prevention, care and support; advocate for the mainstreaming of HIV/AIDS interventions into all sectors of the society and support HIV/AIDS research in the country, provide and coordinate linkages with the global community on HIV/AIDS.

Considering the task of sensitizing the populace by the agencies towards the control of the epidemic, the role of information in facilitating this becomes highly imperative. This is owing to the fact that the ability to deploy relevant information as a preventive means will be largely dependent upon unrestricted access and eventual utilization of needed information, which is the main focus of this study. However, state agencies for the control of HIV/AIDS were established to coordinate the various activities of HIV/AIDS in the country and this may perhaps be better achieved if the information is made available, adequate and accessible to facilitate the accessibility and utilization of the required information.

Information need arises when internal sense runs out, which shows that one will have to go out of his/her way to seek for the relevant information needed. Efforts to educate and make vital information available and accessible to people could go a long way to solve the problem of the spread, prevention and management of HIV/AIDS. It is possible for HIV/AIDS information to be available and not accessible to people due to certain reasons like illiteracy and lack of knowledge. Where information is not accessible, effective utilization would be hampered. Accessibility can be identified as one of the prerequisites of information use, while Kuhltau (1991) argued that the action of information seeking depends on the needs, the perceived accessibility and sources. Aguolu and Aguolu (2002) revealed that efforts are being made worldwide to promote access to information in all formats.

Thus, information is a critical input factor in the provision of healthcare and in the control of HIV/AIDS by the State Agencies not only in the North Central States but in Nigeria as a whole. Therefore, the State Agencies need to have access to information in the right way so as to ensure that the prevalence rate of the scourge is constantly put under check.

1.2 Statement of the Problem

Accessibility and utilization of relevant information are critical to a sustainable campaign for creating necessary awareness of the HIV/AIDS scourge by the Agencies responsible for its control in Nigeria. Incidentally, accessibility does not guarantee utilization of information by the agencies, yet the ultimate goal of using information to create necessary awareness for the control of HIV/AIDS pandemic cannot be realized without the unhindered access to information. However, observations have revealed that the State Agencies for the control of HIV/AIDS in Nigeria have probably been compromised by the lack of access to and utilization of required information, where such information is available, in the discharge of their mandate.

Similarly, when the Agencies want to utilize information, it is either not relevant, accurate, or not timely released. Therefore, the utilization is hindered and it becomes a problem to them. Information is needed to acquire knowledge, create awareness and make decisions. Access to the relevant information by those in need becomes difficult, if not impossible. Yet there is no doubt that education for creating awareness about the HIV/AIDS scourge is of primary significance to the control of the pandemic. This means that the agencies responsible for its control at all levels need access to relevant information for effective campaign. But there is no evidence to suggest that the Agencies have clear-cut guidelines on where to avail themselves of required information or enjoy free access to it towards the desired end. It is against this backdrop that this study investigated accessibility and utilization of information by the State Agencies for the control of HIV/AIDS in the North Central States of Nigeria, with a view to establishing the current state of the art in this regard, identify impediments to the control measures as well as suggesting appropriate remedies.

1.3 Research Questions

This study sought to answer the following research questions:

1. What are the information needs of the Agencies for the control of HIV/AIDS in the North Central States of Nigeria?
2. For what purposes do State Agencies for the Control of HIV/AIDS use information in the North Central States of Nigeria?
3. What sources of information do the agencies for the control of HIV/AIDS use in the North Central States of Nigeria?
4. What are the information tools available for the control of HIV/AIDS by the State Agencies in the North Central States of Nigeria?

5. How readily available are needed information to the State Agencies for the Control of HIV/AIDS in the North Central States of Nigeria?
6. How readily accessible are needed information to the State Agencies for the Control of HIV/AIDS in the North Central States of Nigeria?
7. How satisfied are the agencies for the Control of HIV/AIDS with the accessibility and use of the available information in the North Central States of Nigeria?

1.4 Objectives of the Study

The objectives of the study are to:

1. Know the information needs of the Agencies for the control of HIV/AIDS in the North Central States of Nigeria;
2. Ascertain the purposes for which information is utilized by the State Agencies for the control of HIV/AIDS in the North Central States of Nigeria;
3. Identify the sources of information used by the State Agencies in the North Central States of Nigeria for the control of HIV/AIDS;
4. Know the information tools available for the control of HIV/AIDS by the State Agencies in the North Central States of Nigeria;
5. Determine the availability of information needed by the State Agencies for the control of HIV/AIDS in the North Central States of Nigeria;
6. Determine the accessibility of information needed by the State Agencies for the control of HIV/AIDS in the North Central States of Nigeria;
7. Determine the satisfaction of the State Agencies with the accessibility and use of the available information for the control of HIV/AIDS in the North Central States of Nigeria.

1.5 Significance of the Study

Given the consequences of unchecked prevalence of the HIV/AIDS scourge by all stakeholders, any study aimed at contributing to stemming this unpleasant tide is undoubtedly beneficial in a number of ways. To begin with, findings of this study would have the potentials to enable the State Agencies for the control of HIV/AIDS in the North Central States of Nigeria to accord information the pride of place in their control efforts. To achieve this, the findings of the study would assist to establish the role of effective information utilization in this regard. Also, the findings could assist policy makers to take sound decisions on the need to deploy information the more for control purposes in those states. This is on the premise that once the gap created by the lack of information utilization in this regard is fully recognized and appreciated by relevant stakeholders, it could serve as the much needed platform for policy makers to reach numerous informed decisions. It would also assist government in these States to re-focus attention on the deployment of information as a major weapon in the fight against the continual rise in the incidence of HIV/AIDS. This becomes necessary considering that the attention has mostly been on funding the procurement of the needed drugs to patients rather than focusing on prevention through the effective deployment of relevant information.

Furthermore, it would help to establish the place and role of the library as a veritable information dissemination agency/medium that can be deployed for the fight against the scourge in the States. This is because the library, as a veritable medium of information dissemination, has continued to be under- appreciated owing partly to ignorance or lack of appreciation of the role it can play in this regard. Lastly, it would serve as a useful addition to the growing literature in this subject area, thereby increasing the general understanding of the subject matter by providing up-to-date information and research findings.

1.6 Scope of the Study

This study focuses on the accessibility and utilization of information by the State Agencies responsible for the control of HIV/AIDS in the North Central States of Nigeria. Essentially, it is concerned with the officers in all the offices of the agencies namely – State Action Committee on AIDS, Local Action Committee on AIDS and Ward Action Committee on AIDS. However, the study excluded other aspects of the HIV/AIDS control measures, which are mainly medical, physiotherapical and psychological; hence, its delimitation.

1.7 Operational Definitions of Terms

The following terms have been defined in the context in which they are used in this study.

Information – refers to all kinds of sources including print and electronic, from where different messages concerning awareness on the prevention and control of HIV/AIDs by the State Agencies in the North Central States of Nigeria are available.

Information Tools- These are the various instruments such as posters, journals, bulletins, handbills, releases, radio and televisions programmes, advertisements/jingles, drama series, and more specifically, HIV Management Information System (HMIS), Home Based Care (HBC) Information, HIV Counselling and Testing (HCT) Information, Anti-Retroviral Therapy (ART) Information, etc used by the Agencies for the control of HIV/AIDS.

Information Accessibility – This refers to the various ways and means by which the Agencies for the Control of HIV/AIDS in the North Central States of Nigeria receive relevant pieces of information necessary for their various operational activities towards the prevention and control of HIV/AIDS in the States.

Information Availability – In this study, this refers to a situation whereby needed information by users is at their disposal at all times, in the right place and format to satisfy their needs.

Information Needs – This refers to a situation whereby the individual/Agencies demand the use of information for a wide ranging number of purposes so as to meet their demands.

Information Satisfaction – This refers to a situation where they require information demanded by users are fully provided for thus, meeting fully the expressed needs of the users in question.

Information Utilization – This refers to the various ways and strategies by which the Agencies for the Control of HIV/AIDS in the North Central States of Nigeria utilize relevant pieces of information necessary for their various operational activities towards the prevention and control of HIV/AIDS in the States.

HIV/AIDS Control – This refers to all efforts and strategies employed by government and non-governmental organizations in the country towards creating awareness about eradicating HIV/AIDS scourge especially through the State Agencies.

HIV/AIDS Prevention – This refers to all efforts and strategies employed by government and non-governmental organizations in the country towards creating awareness about curbing the prevalence of HIV/AIDS especially through the State Agencies.

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CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter reviewed related literature on the topic of the study. This is with a view to establishing the extent of research studies in this area. This chapter is presented following the outline below:

2.2 Concept of Information

2.3 Access to Information

2.4 Use of Information

2.5 Information and the Spread of HIV/AIDS in Nigeria

2.6 Role of Information in the Control of HIV/AIDS

2.7 Efforts of the Agencies in Control of HIV/AIDS Education through Mass Media

2.8 Roles of the Library in Facilitating Information Access and Use for the Control of HIV/AIDS

2.9 Summary of the Review

2.2 Concept of Information

Information is processed and organized data for meaningful purpose, which could be in different forms or sources. Information is an indispensable tool for human development and it can be described as knowledge, which can be communicated or received concerning particular circumstances. It is a crucial factor for a healthy life. No organization or individual person can exist without information as it helps extend and improve the quality of life and growth of individuals as well as organizations. Information in itself is not of any value except someone has access to and uses it to solve problems or to meet one's needs. Information can

be referred to as facts and opinions provided and received during the course of daily life. The term information has been defined variously in the literature, among which is the one given by Aguolu (1989) as:

> *Embodying interrelated or structured data which are required to enable one to react knowledgeably as well as to take appropriate decisions... constitutes message of human experience-that is, what is transmitted, a signal or stimulus. It assumes a response potential… transferred physically or electronically; evaluated or raw; accurate or inaccurate but always sought in an evaluated accurate sense. It could be in any medium, in any language or on any subject. How the receiver of any information reacts to its content is conditioned by their intellectual and social needs, level of literacy and education, motivations, cultural attitudes and value system.*

Information has been defined as "cumulated knowledge in all subjects, in all forms and from all sources that could help its users to make rational decisions"; "data of value in planning, decisions-making and the execution of programmes in the public or private sector" (Aiyepeku, 1982). Thus, information can be seen as the sum total of processed data which enhances knowledge essential for decision making. People seek information for varied reasons. According to Ochogwu (1999), information is a basic resource, as fundamental as food and energy, and its access is one of the fundamental human rights. Chukwu (2002) declared that the growing awareness of information needs on a global scale, mass production of information materials by galloping population ushered in by the art of printing and the discovery of other information handling technologies ensures that man could fully disseminate his knowledge to all who needed it in spite of distance. According to Lucy (2002), information is that which is used and which creates value. He further stated that information has the following attributes: relevant for its purpose, sufficiently accurate for its purpose; complete enough for the problem; from a source in which the user has confidence; communicated to the right person;

communicated in time for its purpose and communicated in a meaningful way.

As also observed by Bello (2006), information has always played an important role in human life and as a basic human resource and as such, the need for it was never a subject of controversy. The free and equal access to information by every member of the society, irrespective of racial, religious, geopolitical, social-economic, and political status is as fundamental as human right itself. Accessibility in this regard implies that the timely provision of relevant and accurate information to the people at the right place. Furthermore, information, as a vital resource for problem-solving, decision-making, education and knowledge updating, has no boundaries. Everybody, state and society requires it to achieve its goals and objectives. It is thus considered as a powerful resource equal to other natural resources, if not more important than other resources (Karki, 2006). Hence, there is growing tendency to access relevant and potential information with no time lost

Information is the most potent weapon available for the prevention and cure of HIV/AIDS. Omagbemi (2004) stressed that the ability to generate information is not a challenge. The challenge lies in linking the information generated to the people who need to live a better life. Similarly, the availability of information for every aspect of life helps to create awareness and makes life worthwhile. Opeke (1993) noted that information reduces levels of uncertainty. Information is defined as meaningful communication symbols transferred between any two points in human communication or machine networks. It is a multi-disciplinary concept, which means different thing to different people, group, culture, concerns, needs, functions and environment (Waje and Waziri, 2003). In view of the importance of information in human life and activities, Ajibero (1998) observed that not only must there be flow of information across the nooks and crannies of the country but also such information must be relevant, timely and it must be delivered at the right place; as the value of any piece of

information depends on its relevance and the time and place at which it is delivered (Bello, 2006). Hence, access and use of information by the populace is a necessity.

According to Aina (2004), information is "a process when it is performing the function of informing, which involves transmitting information from a source to a recipient." Akande (2003) also defined information as "facts and opinions provided and received during the course of daily life." Information is an important tool in the realization of any objective or goal set by individuals. Information can be in both electronic and print formats, which when properly used, can help in preventing and controlling HIV/AIDS in Nigeria. The organizational structure must be capable of managing this information throughout the information lifecycle regardless of source or format (data, paper documents, electronic documents, audio, video, etc). It can be seen that information has come to be recognized and accepted as vital recipe for human life. Information is vital to relieve pain and discomfort, both physical and mental.

Information is a key resource in fighting the HIV/AIDS pandemic. People need to know how to protect themselves and where to get means of prevention such as condoms and clean needles as well as being able to know how they can find out about their HIV status and where they can get treatment if they are diagnosed with the scourge. According to Rapu (2007), information remains a key tool for arresting the spread of AIDS. Therefore, information should be real, reliable and rich to ensure that we are healthy and relevant in the society. Information is the life blood of good health which has always been used extensively in the fight against HIV/AIDS in the North Central States of Nigeria.

Information is so important to many people and organizations that International Federation of Library Associations (2008) in its Internet Manifesto sees "unrestricted access to information as indispensable and fundamental to freedom, equality, global understanding and peace." This position is premised on the following:

1. Intellectual freedom is the right of every individual both to hold and express opinions and to seek and receive information. It is the basis of democracy; and it is at the core of library service,
2. Freedom of access to information, regardless of medium and frontiers, is a central responsibility of the library and information profession.
3. The provision of unhindered access to the Internet by libraries and information services supports communities and individuals to attain freedom, prosperity and development,
4. Barriers to the flow of information should be removed, especially those that promote inequality, poverty, and despair.

Information access is a central theme in the statement, and to facilitate this access, there should be guaranteed right in all societies to information skills, universal access to information, knowledge about information, free flow of information, government commitment to informing the public, protection of privacy, and a committed library and information profession. All the human activities that result in problem solving and the production of goods and services depend on the availability, accessibility and utilization of information to effect communication. Communication in this context is the sharing of information by human beings. The process can be carried out in different ways and through different media so as to make way for easy access and use of information.

2.2.1 Information Provision and its Relevance in the Society

Information is undoubtedly a valuable resource for development in our complex modern society. We live in a society that is said to be information driven, where the success and or otherwise of our day-to-day activities are strongly determined by how informed we are in executing these processes. The society needs information for effective decision making in all sectors such as education, economy, governance, healthcare, etc. This information is

packaged in disparate formats. The use of information is indispensable to individual, society, groups and authorities. Information is regarded as a vital resource comparable to other natural resources, indeed, a strategic weapon for development. Availability and accessibility to accurate information at the right time and to the right users is important in the growth and development of any society.

However, Aguolu (1994) defined information as "Message of human experience, that is, what is transmitted, a signal, or a stimulus and assumes a response in the receiver, and therefore, possesses response potentials." There is an increasing desire or awareness of information from individuals, groups, organizations and nationalities for policy making, planning and other strategic reasons. Therefore, for professionals and practitioners in all works of life to keep tract of developments in their various disciplines or groups and as well contribute their quota to such developments, they have to be provided with well-packaged current information that is managed, shared and distributed on regular basis.

2.2.2 The Nature of HIV Information

Since the earliest days of the epidemic, information has been understood as a critical resource in efforts to prevent transmission of HIV, manage the complications that accompany the disease, and prolong PLWHA's lives (Huber, 1992). Information scientists have provided analyses of the distinctive qualities of the information associated with the epidemic. For example, Huber (1992) observed that the current knowledge of HIV/AIDS is a "diseased body of knowledge," full of the same complexities that characterize the epidemic. But perhaps the most defining characteristic of HIV information is the overlapping roles of creator, provider, and seeker.

Ginn (1987) identified an increasing overlap among the information functions and responsibilities of the five sectors primarily responsible for HIV information: service

organizations, health professionals, consumers, the government, and the media. The idea to describe a non-traditional scientific communication model of HIV/AIDS in which those typically considered information consumers (e.g., PLWHA) become information producers, and those typically considered information producers (e.g., health professionals) act as information consumers.

This convergence of information roles has had different effects. On the one hand, it has resulted in relevant information for service providers who work to combat the epidemic at what Ginn (1987) call multiple levels-from individuals and local communities to the public at large. On the other hand, much HIV information is published and distributed outside of traditional channels, is not catalogued or indexed, and is often not part of standard clinical information resources (Huber, 1992). It is grey literature, information produced on all levels of government, academics, business and industry in electronic and print formats not controlled by commercial publishing i.e., where publishing is not the primary activity. Access to HIV/AIDS treatment fact sheets, pharmaceutical company brochures, newsletters, and other gray literature can be difficult given its limited dissemination and integration into the usual streams of health information. As a result, potentially powerful information does not always make it into the hands of individuals and organizations that could benefit from it.

The nature of information is such that it could be categorized into formal, informal, quantitative and qualitative. Formal information involves presenting information in a structured and consistent manner. It is usually defined, within an organisation, as the main way of communicating between and within parts of the organisation. It is also usually the main way of communicating externally from an organisation. The main methods of formal communication are still the formal letter, properly structured reports, writing of training materials, etc. Formal information is communicated in cogent, coherent, well-structured language.

On the other hand, informal information describes less well-structured information, transmitted within an organisation or between individuals who usually know each other. It tends to be categorised as 'unofficial' information, communicated by casual conversations, e-mails, or text messages between colleagues. The language used is less well-structured than formal communication and tends to include colloquialisms and shorthand; and spelling is less important (Johnstone High School, 2011).

Meanwhile, qualitative information is one usually represented using word. Any event or object that is represented using words to describe its attributes is an example of qualitative information whereas quantitative information involves number counts/calculations and figures. Regarding the forms of information, these include written, aural and visual. Written information constitutes a vast majority of information created within an organization, which include hand-written or word processed information and information in e-mails as well as reports produced from different classes of software. Examples of written information are reports, memos and tables, receipts, invoices, statements, and summary accounting information. Another common form of information is aural, that is, information presented as sound with its commonest being the speech (e.g. formal meetings where minutes are taken), informal meetings, talking on the phone and voice-mail messages. Then the visual form, which includes pictures, charts and graphs used to communicate information. Again, many presentations will make use of data projectors and presentation software that will include text, graphics and animations. Full video can also be projected via a data projector, and presentations can use video filmed with a digital video camera and then edited on a computer and distributed via CD or DVD now that DVD writers are quite common.

There are a number of sources of information namely primary, secondary, internal and external. A primary source of information is one that provides data from an original source document or where a piece of information appears for the first time; whereas a secondary

source provides information from a source other than the original such as processed primary sources, second-hand versions. As for internal and external sources, they relate to information generated within and outside of the organization respectively, both having to do with the organizational goals and operations. Frequency of Information include continuous as well as periodic where the former is created from data gathered several times a second, by a real-time system such as sensors set up to collect temperature and humidity readings in a large commercial greenhouse. It is important for that information to be collected constantly to monitor any variation in either the temperature or the humidity to explain possible failure of some machinery so as to sound an alert to the staff. Periodic information is one created at regular timely intervals (hourly, daily, monthly, annually).

Different examples of information generated by an organisation are needed at specific periods of time; both of which could be needed for either of strategic, tactical or operational purposes. Types of Information could be broadly classified into detailed, sampled and aggregated where the first may be an inventory list or detailed operating instructions, most often used at the operational level within an organisation. Sampled information refers to selected records from a database often used at a tactical level within an organisation and which, depending on the size of the organization, may also be relevant at a strategic level. Aggregated information consists of totals created when detailed information is collated.

Johnstone High School (2011) used the acronym ACCURATE to describe the characteristics of good quality information, which is expected to be accurate, complete, cost-beneficial, user-targeted, relevant, authoritative, timely and easy-to-use. In other words, information is expected to be fair and free from such things as bias, arithmetical and grammatical errors. Also, facts and figures contained must not be missing or concealed, just as its benefits must outweigh its costs, while it should be communicated in the style, format, detail and complexity most suitable for meeting the needs of the users. Thus, its relevance is

determined by the measure of satisfaction expressed by the users; which may also be a function of its authoritativeness and reliability deriving from the qualifications, experience and past performance of the individual communicating the information in question. Ultimately, information is considered highly useful if provided at the actual time of need, when it is mostly needed as well as ensuring that it is easy to use by those who need it for one reason or the other.

Thus, good information is that which is used and which creates value. Good information is relevant for its purpose, sufficiently accurate for its purpose, complete enough for the problem, reliable and targeted to the right person. It is also communicated in time for its purpose, contains the right level of detail and is communicated by an appropriate channel, i.e. one that is understandable to the user. From the foregoing, therefore, both accessibility and utilization of information are posited as important features of good, quality information; hence, the essence of this segment to the present study. To a large extent, the above-enumerated features could be taken as the measures of information to be considered useful and beneficial to any group of users at any given time. These characteristics guarantee ease of accessibility and utilization of information. For instance, information should be in a form that is short enough to allow for its examination and use, devoid of any extraneous information. It should be well and clearly presented for easy assimilation, and must be on time for the purpose for which it is required; since information received too late becomes irrelevant.

This partly explains why only relevant, current and adequate information would be needed to create necessary awareness about the prevalence of HIV/AIDS scourge especially by the agencies saddled with such a responsibility. This is the extent to which this segment of the review is related to this subject of investigation.

2.3 Access to Information

In discussions on free access to information and on information policy, information access is understood as ensuring free and closed access to information. Information access covers many issues such as copyright, open source, privacy and security. It is often acknowledged that information is power. Information is needed for a variety of purposes and its use depends on its availability, accessibility, purpose and various communication channels. Information is an essential resource to which individuals in every society should have easy access (Kantumoya, 1992). According to Opeke (2002), information can be conceptualized as the gateway to other resources, be they social or economic.

Information access refers to the right of entry to a library or its collections. All public libraries and most academic libraries in the United States are open to the general public, but access to certain areas such as closed stacks, rare books, and special collections may be restricted. In a more general sense, "the right or opportunity to use a resource may not be openly and freely available to everyone" (Ekoja, 2008).

In the International Freedom Statements (2000), the set of principles enunciated for information access stated that "The right of access to information is essential for a civilised society. If citizens are to exercise their democratic rights and to make informed choices, they must have access to political, social, scientific and economic information. If our culture is to thrive and to grow, people need access to the widest range of ideas, information and images". Meanwhile, computer and telecommunications technology is constantly changing and developing. Increasingly, it is converging in fast, widespread networked information and multimedia systems. Library and information services and the people, who work in them, must also be prepared for constant change and development. They also need to be informed by basic principles to ensure that they can harness the power of new technologies for the benefit of their users.

The ability for all to access and contribute information, ideas and knowledge is essential in an inclusive information society. The sharing and strengthening of global knowledge for development can be enhanced by removing barriers to equitable access to information for economic, social, political, health, cultural, educational, and scientific activities and by facilitating access to public domain information, including by universal design and the use of assistive technologies. Aguolu and Aguolu (2002) noted that availability of an information source does not necessarily imply its accessibility, because the source may be available but access to it is prevented for one reason or the other.

Similarly, a rich public domain is an essential element for the growth of the information society, creating multiple benefits such as an educated public, new jobs, innovation, business opportunities, and the advancement of sciences. Information in the public domain should be easily accessible to support the information society, and protected from misappropriation. Public institutions such as libraries and archives, museums, cultural collections and other community-based access points should be strengthened so as to promote the preservation of documentary records and free and equitable access to information.

Access to information and knowledge can be promoted by increasing awareness among all stakeholders of the possibilities offered by different software models, including proprietary, open-source and free software, in order to increase competition, access by users, diversity of choice, and to enable all users to develop solutions which best meet their requirements. Affordable access to software should be considered as an important component of a truly inclusive Information Society. The goal is therefore to promote universal access with equal opportunities for all to scientific knowledge and the creation and dissemination of scientific and technical information, including open access initiatives for scientific publishing World Summit for Information Society (WSIS, 2001).

However, there are a lot of constraints to access to information in a developing nation like Nigeria, some of which as identified by Ekoja (2008) included the following:

1. intolerance of fellow Nigerians due to either ignorance, religious or ethnic sentiments;
2. the deliberate policies of government such as the failure to pass the Freedom of Information bill, which had been before the National Assembly since 1999;
3. resort to executive sessions by the National and State Assemblies;
4. non-publication of official transactions of government;
5. the failure of researchers to deposit research findings with the libraries of their institutions;
6. the Nigerian society being a closed society (i.e., socially, culturally, legally, superstitiously and religiously);
7. the lack of knowledge and skills to use ICT's, and even their availability;
8. libraries are stocked with out-dated and irrelevant materials; and
9. inability of most Nigerians to have access to libraries and their associated information services.

Librarians have always advocated for free and open access to government information. Groups such as the American Library Association, the American Association of Law Libraries, and Ralph Nader's Taxpayers Assets Project have advocated for free access to legal information. The vendor neutral citation movement in the legal field is working to ensure that courts will accept citations from cases on the web which do not have the traditional (copyrighted) page numbers from the West Publishing company. There is a worldwide Free Access to Law Movement which advocates free access to legal information.

The Wired Magazine Article *Who Owns The Law* is a good introduction to the access to legal information issue. Post 9/11 acts such as the Patriot Act, in the interest of security has led to restrictions on access to certain types of information as well as an increased

government attempts at surveillance of individual's private information, such as their library records. Accessibility to information is highly crucial and should not be prevented by any situation either through the organization, processing, or means of disseminating. This information should not hinder its accessibility. Thus, easy and good access to information will enhance utilization.

There is no doubt therefore that unhindered, free flow of information is critical to unrestricted access to information for all kinds of needs and uses. Since the agencies would need information to provide services of creating awareness about the HIV/AIDS scourge, a discourse of access to information as is done in this segment of the review became even more pertinent

2.4 Information Use

Availability of information entails the provision and supply of information at the right quantity and time. Accurate, credible and accessibility of information in whatever medium and quantity will be meaningless if it does not meet the need of the audience in terms of economic, social, political, cultural, scientific and technological considerations. Uhegbu (2001) affirmed that without available good information, accessibility will be difficult and its utilization impaired.

Information use according to Joan and Elaine (2007) is the utilization of information either in form of tangible or intangible resources. They stress further that information need and information use are clearly linked since information is needed to fulfil a use, while information need tends to highlight the purpose for which the information is sought (the goal or objective) but does not usually extend to include how exactly the information applied to achieving the goal, information use focuses on latter use. Thus, the agencies for the control of HIV/AIDS use information in order to control HIV/AIDS, for advocacy and make life meaningful for PLWHAs.

There is a long history of research into information behaviour and its constituent elements of information need, information seeking and information use. However, the three elements have been studied at varying degrees of detail. Information needs and information seeking (and the narrower concept of information search) have been well modelled and studied (e.g. Ellis, 1989; Ellis, Kulthau, 1991; 1993; Marchionini, 1995; Wilson, 1999). In contrast, information use has received less attention, and remains a poorly defined concept (Case, 2002; Wilson, 1999). It is often linked to the concept of information need, in that information is needed so that it can be used.

When discussed, use is often addressed at an abstract level, with reference to the broad, general goal that the use of information will help to achieve. Early studies of information needs and uses (e.g., Menzel, 1966; Paisley, 1968) focussed on information systems, at the time consisting primarily of paper-based library collections of books and journals. In these studies, information use referred to the information packages (e.g., books, journals, indices, etc.). The concept of information use is therefore historically associated with the resource itself, rather than the information contained within. The emergence of self-serve searching and the web has changed the way we now view the object of use from those physical items to the information chunks (Bartlett and Toms, 2000).

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 is accessed for the purpose of utilization. Information, whether packed or unpackaged, oral or written are used to enlighten or educate people and enhance delivery of quality information. Information use is one of three core elements of information behaviour, along with information needs and information seeking (Wilson, 1999). Choo (2002) viewed information use as "a dynamic, interactive social process of inquiry that may result in the making of meaning or the making of decisions."

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. Better use of information by information managers makes them stronger, reliable and successful in disseminating information. While need and use are clearly linked since information is needed to fulfil a use, there is a shift in perspective and emphasis depending on whether the focus is on needs or use.

Discussion of need tends to highlight the purpose for which the information is sought – the goal or objective – but does not usually extend to including how exactly the information is applied to achieving the goal. Shifting the focus to use can highlight the latter. Information must be available at the appropriate time and in the language the people will understand on HIV/AIDS. It is only when information is made available, accessible and meaningful that it can be properly utilized. In a nutshell, proper utilization of information depends on how available and accessible the information is and access to information is a function of its availability. Therefore, availability and easy accessibility to the required information can enhance the performance of the State Agencies and also reduce the incidence of HIV/AIDS in the North Central States of Nigeria.

2.5 Information and the Spread of HIV/AIDS in Nigeria

Nigeria is Africa's most populous country with a population of 140 million (National Population Commission, 2006). She has over 373 ethnic groups (Ajaegbu et al, 2000) spread around the country. The major indigenous languages are Yoruba, Igbo and Hausa. However, English is the official language in the country. In addition to human resource, Nigeria is

endowed with a lot of other natural resources, the major ones being crude oil, bitumen and agricultural products.

The country is a Federation, operating a 3-tier system of government at National, State and Local government levels. It has 36 states and the Federal Capital Territory, and 774 local government areas. For ease of administration and accelerated development, the states have been divided broadly into six geopolitical zones namely North East (NE), North Central (NC), North West (NW), South East (SE), South South (SS) and South West (SW). The HIV and AIDS coordination also takes along the administrative structure. Government reports claim that over 300,000 Nigerians die yearly of complications arising from AIDS. Over 1.5 million children are said to be orphaned annually and an estimated 8 million are expected to be infected by 2012 (UNAIDS, 2000).

HIV is an acronym for Human Immunodeficiency Virus. It is a virus which slowly destroys parts of the white blood cells, the body's disease fighting immune system. On the other hand, AIDS connotes Acquired Immunodeficiency Syndrome. This syndrome is a set of physical conditions which indicate that an individual has contacted HIV. AIDS therefore marks the final stage of HIV and it is a stage when an individual becomes highly susceptible to infections, which the natural immune system would ordinarily have combated and defeated (Ugwuegbulem, 2001).

The first two cases of HIV and AIDS in Nigeria were identified in 1985 and were reported at an International AIDS Conference in 1986 (Adeyi et al 2006). In 1987, the Nigerian health sector established the National AIDS Advisory Committee, which was shortly followed by the establishment of the National Expert Advisory Committee on AIDS. Kanki (2006) stressed that at first, the Nigerian government was slow to respond to the increasing rates of HIV transmission and it was only in 1991 that the Federal Ministry of Health made its first attempt to assess Nigeria's AIDS situation.

After Nigeria's first AIDS case was reported in 1986, the virus began its insidious spread through the country's various populations and communities. The virus systematically permeated the entire Nigerian social fabric, affecting men and women in urban and rural areas and cutting across all social strata. When Olusegun Obasanjo became the President of Nigeria in 1999, HIV prevention, treatment and care became one of the government's primary concerns. The President's Committee on AIDS and the National Action Committee on AIDS (NACA) were created, and in 2001, the government set up a three-year HIV/AIDS Emergency Action Plan (HEAP). In the same year, the President hosted the Organisation of African Unity's first African Summit on HIV/AIDS, Tuberculosis, and other Related Infectious Diseases. UNAIDS (2008) noted that despite positive intentions for tackling the epidemic, in 2006 it was estimated that just 10 percent of HIV-infected women and men were receiving antiretroviral therapy and only 7 percent of pregnant women were receiving treatment to reduce the risk of mother to child transmission of HIV.

In a related study, Nasidi and Tekena (2006) stated that AIDS has begun to erase decades of health economic and social progress as it has reduced life expectancy. HIV has continued to spread largely through unprotected sexual relationship between men and women. For many years Nigeria was considered to be at a relatively early stage of HIV/AIDS pandemic compared to the more heavily affected nations of East Africa and Southern Africa and even some countries of West Africa such as Cote-D'Ivoire and Ghana. That was then as Nigeria now occupies an unenviable leading position in that regard. According to Lauret (2005), upon diagnosis of AIDS or symptomatic disease, the median survival time ranges from 12 to 18 months. Nearly all patients who die of HIV-related complications are in this CD4 + Cell count category. According to Moore (2005) with the recent introduction of Highly Active Antiretroviral Therapy (HAART) as well as better education and information

for the management of people living with HIV/AIDS in Nigeria, people infected with HIV live longer and are healthier even with CD4 + Cell counts of less than 200/mm.

Nigeria's epidemic is characterized by one of the most rapidly increasing rates of new HIV/AIDS cases in West Africa. The Federal Ministry of Health (2004) reported that adult HIV prevalence increased from 1.8 percent in 1991 to 5.8 percent in 2001. This infection rate, although lower than that of neighbouring African countries, should be considered in the context of Nigeria's relatively large population of approximately 140 million; the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 3.5 million Nigerian adults and children were living with HIV/AIDS by the end of 2001. HIV prevalence among women attending antenatal clinics in 1999 ranged from less than 1 percent to 21 percent. Among sex workers in Lagos, HIV prevalence rose from 2 percent in 1988-89 to 12 percent in 1990-91. By 1995-96, up to 70 percent of sex workers tested positive. USAID (2002) stated that projections showed an increase in the new AIDS cases from 250,000 in 2000 to 360,000 by 2010. As a result of the epidemic, the crude death rate in Nigeria was about 20 percent higher in 2000 than in 1990. In 2001 alone, 170,000 adults and children died of AIDS. At the end of 2001, UNAIDS estimated that 1 million children orphaned by AIDS were living in Nigeria.

A 2003 HIV/Sero-Prevalence Sentinel survey report presented in Abuja, the Federal Capital Territory (FCT), recently, indicated that states in the North Central Zone had the highest prevalence of HIV infection among the six zones in the country. In a brief graphical background of the Sentinel Survey report, The Federal Ministry of Health 2003, disclosed that Benue State had the highest prevalence in the zone with 9.3%, followed by the Federal Capital Territory (FCT), with 8.4% and then Niger State with 7%, while Nasarawa State had 6.5%, Plateau - 6.3%, and Kogi State, 5.7% and Kwara State, 2.8%. In line with WHO guidelines, subsequent Sentinel Surveys (2010) produced prevalence of 3.8% (1991), 4.5%

(1996), 5.4% (1999), 5.8% (2001), 5.0% (2003), 4.4% (2005), 4.6% (2008) and 4.1% (2010), a trend signalling a general revival of the epidemic in the country.

In the same vein, Nasidi and Tekena (2004) stressed that prevalence and incidence rates in East Africa and South Africa included some of the highest in the world, with prevalence rates exceeding 35% in Botswana and Swaziland, but in West Africa sub-region, prevalence rates had remained lower with no country having a rate above 10%, and most having a rate between 1% and 5%. In another study conducted by Federal Ministry of Health (2004), it was revealed that since the first AIDS case was reported in Nigeria in 1986, the epidemic had grown steadily, with the adult HIV prevalence increasing from 1.8% to 5.8% in 2001. But, in the subsequent HIV/AIDS Sentinel Surveillance Survey (HSSS) conducted in 2003 and 2005, by the Federal Ministry of Health (2005) there was an evidence of decline; 2003-5.9% and 2005-4.4%, in the prevalence of the disease in Nigeria. UNAIDS (2002) reported that although the prevalence rates appeared low, Nigeria ranked third in terms of the actual number of people infected with HIV after India and South Africa. Wide variations in HIV prevalence have been observed across states and rural-urban localities suggesting that there were sub-epidemics within an epidemic.

HIV/Sero-Prevalence Sentinel Survey (2005), released in 2006 estimated that there were 4,000,000 adults living with HIV/AIDS in Nigeria, and 57% of these were women. From the figures, there was significant variation in prevalence between states and between population groups. It was thus observed that the epidemic is fuelled in the country largely by poverty, lack of awareness, dense commercial sex networks, early age of sexual debut, poor gender empowerment, with religion and culture obstructing open debate about sexuality. The biggest challenge, however, impeding progress of Nigeria's intervention efforts is corruption. If these figures weren't alarming enough for any country to raise the red flag, one would have wondered what else would. However, it is alarming, but HIV/AIDS has become a localized

epidemic in many states of Nigeria. For instance, if we look at the HIV prevalence rate even with the 2005 figure by Nigerian National Response to HIV/AIDS (2005) Benue State had 10% prevalence rate, with Akwa Ibom following in line with 8% and Nasarawa, Enugu, Rivers, and Taraba all in the 6% range. A 3.3% prevalence rate was ascribed to Lagos State.

It was observed that just like when it was first discovered, real knowledge about HIV/AIDS among Nigerians was at its lowest ebb. The media have created appreciable awareness about HIV/AIDS but failed to match that with AIDS education. According to Nigerian Tribune (Dec. 2009) with news headline: Abia and Cross River States governors lamented prevalence of HIV/AIDS. The wife of Abia State Governor, Chief Mercy Orji, on the World AIDS Day celebration, attributed the increase in prevalence rate to poverty, low awareness campaign in the rural areas and casual sexual intercourse.

HIV/AIDS as an acronym used to denote Human Immune Virus and Acquired Immune Deficiency Syndrome has become a tug-of-war and worldwide problem, which is a major medical concern to many heads of governments around the universe. With various social and economic consequences on the countries of the world, the infection which is believed to originate in Africa was first found in a monkey and was identified in human beings among homosexuals and bisexual men who still represent the largest group of infected individuals. Acquired Immune Deficiency Syndrome (AIDS) is a life threatening disease caused by Human Immune Virus (HIV).

According to Bartlett (2009), Acquired Immunodeficiency Syndrome (AIDS) is a human viral disease that ravages the immune system, undermines the body's ability to defend itself from infection and disease. AIDS, which is caused by Human Immune Virus (HIV), leaves an infected person vulnerable to opportunistic infections, for instance, infection by microbes that take advantage of weakened immune system. It is identified that HIV is the virus responsible for the Acquired Immune Deficiency Syndrome (AIDS). AIDS is by

definition the last stage of infection with HIV and is usually transmitted through sexual intercourse and generally by exchange of body secretions including blood and has become a worldwide infection affecting millions of individuals. Idoko (2004) called it a disease starting as a single infection at the point of contact and then progressing to a wasting disease known as AIDS. This pandemic is the worst calamity that has befallen the human race (Bature, 2005). HIV/AIDS is also said to be the greatest public health crisis of the 21st century that threatens the life and health of millions of people worldwide. (Idoko 2004).

HIV/AIDS is characterized mainly by unexplained weight loss of about or over 10% of body weight, chronic diarrhea for over one month, prolonged fever of about one month and other associated symptoms. HIV/AIDS is presently not curable but theoretically is preventable; hence, it is a great health care problem of the present. The course of HIV varies, after contacting HIV, some people die within a year, while some survive 10 or 11 years and some have survived beyond 20 years. However, HIV/AIDS is being reviewed, increasingly, as chronic disease not as death sentence. The Federal Ministry of Health (2004) reported that HIV/AIDS has reached an epidemic stage in Nigeria, which means that families are already being stretched to the limit. It is growing daily and the death toll is unabated.

In the current setting of HIV/AIDS pandemic, the everyday information needs of the average community member in the remotest village of our local government areas, has become a very critical issue (Okwilagwe, 1993). Information must not only be available, adequate and accessible but must be presented in a way that is culturally acceptable to facilitate the acceptability and eventual utilization of the information. Findings by Peterson and Obileye (2002) indicated that most of their respondents, i.e. 40 % of the people living with HIV/AIDS had one form of tertiary education or the other, while 24.2 % and 8.3 % had secondary and primary education respectively, and 10 % were students. Also, majority of PLWHA (30 %) were married, while (14.2 %) were single. Divorcees accounted for 24.2 %

Widows, 15 % pregnant women, 10 % and orphans, 6.6 %. This denotes that HIV/AIDS disease cuts across all status groups as earlier affirmed by Peterson and Obileye (2002).

HIV is spread by sexual contact with an infected person and by blood or body fluid exchange through sharing of contaminated needles or transfusions of infected blood or blood clotting factors. Infants born to HIV infected women may become infected in gestation, during birth or through breastfeeding. Federal Ministry of Health (2005) stressed that heterosexual transmission accounts for up to 80% of HIV infection in Africa. Other transmission routes in Africa include use of injection (2.8%), mother to child (2.6%) and blood products and transfusion (2.5%). Unknown modes of transmission result in 7% of HIV infections. UNAIDS (2008) reported that in Nigeria, HIV is primarily transmitted through heterosexual sex. Factors contributing to this include lack of information about sexual health and HIV, low levels of condom use and high levels of sexually transmitted diseases. UNAIDS (2006) also noted that in Nigeria, the heterosexual route of infection accounts for 82 percent of all transmissions and together with blood borne and mother-to-child transmission account for the vast majority of difference routes of HIV transmission.

The Federal Ministry of Health (2005) reported that blood transfusions accounted for up to 10 percent of new HIV infections in Nigeria. It also noted that there was a high demand for blood because of blood loss from surgery and childbirth, road-traffic accidents and anaemia and malaria. Not all Nigeria hospitals have the technology to effectively screen blood and therefore contaminated blood is often used. The Nigerian Federal Ministry of Health has responded by backing legislation that requires hospitals to only use blood from the National Blood Transfusion Service, which has more advanced blood-screening technology.

According to Harry (1994), during heterosexual transmission, HIV can enter the body through the lining of the vagina, vulva, penis, rectum, or mouth, through vaginal, anal, or oral sexual intercourse. Based on gender specific anatomical and physiologic characteristics, it

has been generally believed that male-to-female transmission is higher than female-to-male transmission. Harry (1994) also noted that men tended to be more likely to have multiple sexual partners than women, which might contribute to HIV infection dynamics in heterosexual populations. Mofenson (2003) stressed that women can transmit HIV to their babies in the uterus, during birth and through breastfeeding. Most infection is thought to occur at the moment of delivery (60% to 70%), followed by transmission through breastfeeding (20% to 30%) and then transmission in uterus (less than 10%). He also noted that without preventive interventions, approximately 25% to 40% of infants born to HIV-positive mothers will contract the virus.

According to Federal Ministry of Health (2004), contact with infected blood is responsible for HIV transmission in many communities, particularly in those where screening of blood and blood products is not performed routinely, as is the case in much of Nigeria. Although blood bank centres exist at most tertiary care institutions, the support for a robust HIV blood bank screening programme has been sorely lacking. In communities where blood bank screening and inactivation of blood products are routine, the risk of acquiring HIV infection from blood transfusion is extremely small. Nonetheless, as the HIV epidemic becomes more generalized in Nigeria, capacity building and support for a national blood bank screening programme becomes a priority in the National AIDS Control and Prevention Plan.

The sharing of needles and syringes is considered the main route of HIV transmission among injection drug users. Injection drug use is uncommon in Nigeria, as it is in other parts of Sub-Saharan Africa, and it is not considered a major mode of transmission in the Nigerian epidemic. Other mode of transmission may include the sharing of HIV- contaminated skin piercing objects, such as blades, clippers and injection needles. Skin piercing instruments may be shared during tattooing, manicures, pedicures, and even barbering and shaving.

Adesoji (2003) noted that tribal and medicinal scarification, group circumcision, and genital tattooing are common in Nigeria, particularly in the West among the Yoruba and the middle-belt region among the Tiv. Among these and some other Nigerian tribes, cuts are made for identification, beautification, and other ritual purposes. A proportion of the Hausa, an ethnic group in Northern Nigeria and some other northern tribes also engage in the practice of scarification for medical purposes. Adesoji (2003) also stressed that another important traditional practice that may play a role in the transmission of HIV in Nigeria is an obstetric incision procedure performed at delivery termed 'gishiri cut'. In this traditional Hausa practice, the wanzami, who are generally accepted as local surgeons by the Hausa community, use non-sterilized instruments.

According to Campbell (2004), HIV transmission in health care settings occur when workers are struck with needles or sharp instruments contaminated with HIV-infected blood or, less frequently, when workers are exposed to infected blood through an open cut or a mucous membrane such as the eyes or nasal passages. Campbell (2004) also noted that patients in African settings may be more likely to be infected with HIV, increasing the risk to health care workers if proper universal precautions are not well established.

Although HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva and tears, scientists agree that HIV does not survive long outside of the human body, making the possibility of environmental transmission extremely remote. Several studies have found HIV in very low quantities in the saliva and tears of some people living with HIV/AIDS, yet the risk of exposure and infection via these fluids is considered minimal. Some people fear that, despite the lack of scientific evidence, HIV may be transmitted through air, water, and or insects. Even in Africa, where the fear of mosquitoes transmitting HIV is highest, mosquito transmission of HIV has never been reported.

2.5.1 Objectives and Functions of State Agencies for the Control of HIV/AIDS

Nigeria, Africa's most populous nation with over 140 million people, currently has reported HIV prevalence of 5.0%, next only to South Africa in Sub-Saharan Africa. The Nigerian government's response to the epidemic is based on a national strategic work plan known as the HIV/AIDS Emergency Action Plan (HEAP), which originally was a four-year plan with a US $190million cost for programme execution.

The plan was designed to be jointly executed by the Government of Nigeria, bilateral donors, and a World Bank IDA credit. The HEAP document identified over 200 activities, which the government was to pursue over a four-year period. Designed to promote a multi-sectoral, participatory response to HIV/AIDS prevention and impact mitigation, the HEAP guided the implementation of activities and appropriate allocation of available resources (NACA, 2005). In 2004-05, at the expiration of the life of the HEAP, a new framework, the National Strategic Framework (NSF) was developed with wide participation from Civil Society, the Private sector, Government entities and implementing bodies and the international donor community in Nigeria. The NSF designed with a life span of 5 years would guide the National Response and all implementing and coordinating entities to contain the spreading epidemic.

NACA serves to ensure that entities and groups responsible for implementation of the NSF objectives and activities receive the financial, organizational and human resources support required to undertake and complete assigned activities in a multi-sectoral environment; it also serves to ensure that all partners in the war against HIV/AIDS see the NSF as a frame-work for national and nation-wide coordination of one response. In Nigeria, the NACA, SACA and LACA are all involved in awareness programmes on HIV/AIDS. They put up jingles, produce fliers and posters on the prevention and control of HIV/AIDS.

Some of the objectives set out by SACA, according to NACA (2010a) include, among others, to: coordinate and sustain advocacy by all sectors and at all levels for HIV/AIDS/STDs expanded responses in Nigeria; develop the framework for collaboration and support from all stakeholders for a multi-sectoral and multi-disciplinary response to HIV/AIDS in Nigeria; develop and present to the Presidential Council on AIDS (PCA), all plans on HIV/AIDS in Nigeria for policy decisions; develop and articulate a strategic plan for an expanded national response to HIV/AIDS in Nigeria; coordinate, monitor and evaluate the implementation of the Strategic National Plan for the control of HIV/AIDS/STDs in Nigeria and all other approved policies; coordinate and facilitate the mobilization of resources for an effective and sustainable response to HIV/AIDS/STDs in Nigeria, and undertake any other duties as assigned by the PCA from time to time.

To be able to achieve the objectives enumerated above, the State Agencies for the control of HIV/AIDS have the responsibility to perform the following functions: plan and coordinate activities of the various sectors in the National Response Strategic Framework; facilitate the engagement of all tiers of government and all sectors on issues of HIV/AIDS prevention, care and support; advocate for the mainstreaming of PIV/AIDS interventions into all sectors of the society; formulate policies and guidelines on HIV/AIDS; support HIV/AIDS research in the country; mobilize resources (local and foreign) and coordinate equitable application for HIV/AIDS activities; provide and coordinate linkages with the global community on HIV/AIDS; monitor and evaluate all HIV/AIDS activities in the country; facilitate the development and management of the policies and strategies of all sectors to ensure the human, financial and organizational resources to support the successful execution of the national HIV/AIDS response programme. establish, encourage and promote training programme for the employees of the agency and other appropriate persons from public or private organizations; perform such functions as may, from time to time be assigned to it by

the Government; and facilitate collaboration for the management of HIV and opportunistic infections. (NACA, 2010)

In addition to the functions stated above, other mandates of the Agency also include: co-operation with persons and institutions undertaking research in Nigeria and in other countries; entering into contract within or outside Nigeria, with any persons, governments, or institutions, and execute any contract, deed or any other document within or outside the Federal Republic or any foreign country for the purpose of combating HIV/AIDS; opening and operating ordinary and domiciliary accounts for the Agency in recognized banking institutions; paying gratuities and pensions to its officers and employees; developing and maintain an appropriate organizational structure; generally, entering into any contract or perform any act, whether within the Federal Republic of Nigeria or outside, as will in the opinion of the Board contribute towards the attainment of the Agency's objectives; and establishing State and Zonal Offices to coordinate the Agency's functions (NACA, 2010b).

Meanwhile, the HIV/AIDS scourge has numerous impacts such as:

- It has markedly reduced life expectancy.
- Resulted in drastic and unsettling medical, emotional and social costs on People Living with HIV/AIDS (PLWHA).
- Promoted social disruption within our families and our communities as they confronted issues associated with the needs to respond to increased incidence of HIV/AIDS among the citizenry.
- Reduced the amount of individual and family discretionary funding for such items as education, health and improved standard of living.
- Undermined the nation's economic growth.
- Exponentially increased Nigeria's national and state health care costs associated with professional care, access to hospital beds, drugs and medical supplies and

with a host of opportunistic infections such as respiratory infections, tuberculosis etc.

- Gradually but noticeably reduced the production of food and cash crops currently provided by those who have or will contract HIV and AID.
- Produced a sub-society of orphans and vulnerable children whose number, though difficult to predict with any accuracy, will represent a daily reminder of the epidemic's impact (Kwara State Action Committee on AIDS, 2008).

Arising from the negative impact of HIV and AIDS epidemic on individuals, groups and even the nation as a whole, there has been concerted efforts at reversing the ugly trend from many stakeholders including the medical practitioners, the mass media and the governments at all levels. It is in this regard that a study on information accessibility and utilization by agencies for the control of HIV/AIDS such as this was considered appropriate.

2.6 Role of Information in the Control of HIV/AIDS

In the opinion of Alemna (1995), information can be used for three major processes; for creating awareness, for acquiring knowledge and for decision making. Aboyade (1987) was of the view that information has been recognized to have the capacity of bringing about significant changes within a society. Information not only serves as a resource for effective development planning but it is also essential for the optimal allocation and utilization of all other resources (Neelameghan, 1981).

Perhaps, the greatest justification of the role of information in the control of HIV/AIDS was given by Chanda et al (2008) in his postulation that the HIV/AIDS pandemic remains one of the greatest health challenges facing the world today. The infection has spread rapidly across the globe. The spread is increasing among heterosexual and bisexual men. In Africa, it is predominant among young people who constitute the larger percentage of the

society. The rapid growth of HIV positive cases in the last few years made Nigerians the third largest number of people living with HIV/AIDS in the world in which majority are youths.

McCain (2002) opined that two things are growing fast in Nigeria: Religion and HIV/AIDS, stating that a recent survey revealed that 5.8% of the populations of Nigeria tested positive for the HIV virus. In some states, the infection rate is as high as 13.5%. Nigeria's socio-economic status, traditional social ills, unemployment, illiteracy, cultural myths on sex and large population living in the rural areas make its citizens extremely vulnerable to the scourge. The Nigerian government launched National AIDS control programme to create awareness for all, and also established where people can go to test for HIV/AIDS and provide subsidized drugs for the affected victims in the six geo-political zones of the country (Ajayi and Omotayo, 2010).

Nakanjako and Twesigye (1998) investigated the importance of information technology in HIV/AIDS awareness, and eventual behaviour change, among the Uganda population. Fifty agencies, including NGOs and CBOs implementing HIV/AIDS activities were interviewed using an interview schedule. Fifty key informants who included project managers of key NGOs, religious leaders, district health officials, local leaders, representatives of local and international donors and people living with AIDS were also interviewed. Five Focus Group Discussions (FGDs) were conducted.

Preliminary findings indicated that 45 institutions out of 50 that were interviewed expressed great need to have modern information techniques introduced. Two did not show any interest while three were neutral. All key informants interviewed were in favour of modernisation of HIV/AIDS information. The focus group discussions were also very positive to the introduction of appropriate information technology. The study concluded that an appropriate network of information system will help all actors, donors, PLWAs,

communities, and governments share important information on HIV/AIDS in the struggle against the scourge.

Furthermore, Nakanjako and Twesigye (1998) were of the opinion that the expansion and improvement of HIV and AIDS education around the world is critical to preventing the spread of HIV. There are an estimated 33.3 million people living with the virus, and each year millions more people become infected.-Effective HIV and AIDS education can help prevent these new infections by providing people with information about HIV and how it is passed on, and in doing so equipping individuals with the knowledge to protect themselves from becoming infected with the virus. HIV and AIDS education also plays a vital role in reducing stigmatization and discrimination around the world. There continues to be a great deal of fear and stigmatisation of people living with HIV, which is fuelled by misunderstanding and misinformation. This not only has a negative impact on people living with HIV, but can also fuel the spread of HIV by discouraging people from seeking testing and treatment. HIV and AIDS education can be effective when targeted at specific groups who are particularly at risk of HIV infection. The groups that HIV and AIDS education needs to target vary depending on the nature of the epidemic in an area. High risk groups can also change over time. For example, in the early years of the AIDS epidemic in America, men who had sex with monkey and injecting drug users were most at risk of HIV infection. Today, heterosexual African Americans and the Hispanic/Latino population are also identified as groups particularly vulnerable to HIV infection in America. AIDS affects many parts of society, and so everyone needs to be aware of HIV and AIDS. AIDS has no cure and the most potent weapon available in the arsenal to fight this hydra headed demon is "information" (Ajegbomogun and Okorie, 2008).

However, it is important that such a focus does not lead to groups who are considered not 'at risk' missing out on HIV and AIDS education. This can lead to a rise in HIV infection

rates amongst groups who are often neglected by HIV and AIDS education, for example older people. Furthermore, AIDS affects many parts of society, and so everyone needs to be aware of HIV and AIDS. Providing the general population with basic AIDS education contributes to the spread of accurate information; promoting awareness and tackling stigma and discrimination. It is also important that people who are already infected with HIV receive HIV and AIDS education. This can help people to live positively without passing on the virus to anyone else; to prevent them becoming infected with a different strain of the virus; and to ensure a good quality of life by informing them about medication and the support that is available to them. (Alemna, 2001).

There are great variety of methods and materials that can be used to educate people about HIV and AIDS, including radio & television, booklets, billboards, street theatre, comic strips, and many more. The form in which HIV and AIDS education should be delivered depends on the characteristics of those who are being educated. In order to reach the target group, it needs to be considered which environments they will be most receptive in, and what media is most relevant to them. How HIV and AIDS education should be delivered also depends on the principal aims of the education programme. Sometimes education on HIV and AIDS is about giving people information which they will remember on a long term basis, about how to protect themselves; the difference between HIV and AIDS; and helping to reduce discrimination. Other education strategies are intended to have more immediate effects, and may target people when they are most likely to take part in risky behaviour – in nightclubs or holiday resorts, for example. There is no set or prescribed form that HIV and AIDS education should take, but there are certain things that need to be considered when carrying out or producing resources for HIV and AIDS education.

People use information to satisfy their information needs as well as feel relevant and fulfilled in life. It is of paramount importance that information on HIV/AIDS is collected and

disseminated to policy makers, health professionals and donors and the use of information communication technologies can enhance this. Ready availability of up-to-date information enables timely and informed decision-making, as well as efficient allocation and mobilization of resources. Information managers can have access to HIV/AIDS information, collected through the agencies and make it available to people. This information can be repackaged to meet the information needs of different target groups to make sure that people are not disadvantaged.

Information, in any given setting, can be used for planning, decision-making and control. Given that planning is a process of deciding, in advance, what has to be done and how it is to be done, it is not an end in itself; as its primary purpose is to provide the necessary structure for decision-making and resulting actions, throughout the organisation. it should therefore be based on good information. The process of planning provides an opportunity to construct a sequence of actions that, when executed, will achieve the required aims and objectives. Basically, planning means decisions by management about: what is to be done in the future, how to do it, when to do it, and who is to do it. An objective is something that needs to be achieved and a plan contains the activities or actions required to achieve it. Information is also critical to good decision making, which is also a process of selecting an action or actions from those possible based on the information available. It also involves determining and examining the available actions and then selecting the most appropriate actions so as to achieve the set objectives. (Williams and Huntington 2003).

Above all, information can be used for controlling where control can be defined as the monitoring and evaluation of current progress against the steps of a pre-defined plan or standard. If these tasks are not proceeding in line with expectations, then action is taken to bring the project back in line with what had been planned. Control is carried out at strategic, tactical and operational levels. It is in this respect that this study sets out to assess the control

measures put in place to monitor and evaluate access to and utilization of information by State Agencies for the control of HIV/AIDS in North-Central States of Nigeria.

2.7 Efforts of the Agencies for the Control of HIV/AIDS at Educating the Populace

The mass media has played a central role in many countries responses to AIDS since the very early days of the epidemic. For instance, in the UK, as a response to the growing number of new HIV infections during the 1980s, a leaflet about AIDS was delivered to every household and a major advertising campaign carrying the slogan "AIDS: Don't Die of Ignorance", was launched. The UK government's use of the media for broadly targeted or 'blanket education' was successful in promoting widespread awareness of HIV and AIDS amongst the general population. Although media-based HIV and AIDS education is considered effective for raising general awareness, its overall impact is difficult to measure. It is essential that education goes beyond promoting general awareness and instigates behaviour change to reduce the risk of HIV transmission.

HIV and AIDS education can also have the detrimental effect of increasing stigma and discrimination towards people living with HIV. Some media messages try to change people's behaviour by making the audience afraid of the consequences of becoming infected with HIV. This not only has the potential of making the target audience afraid of people infected with HIV but also carries the risk of portraying HIV positive people as at fault for becoming infected.

Media based HIV and AIDS education can be particularly harmful when targeted at specific risk groups, such as men who have sex with men or injecting drug user. Not only can this fuel stigmatisation of these groups, but it can also hinder HIV prevention. By not representing the broad face of the epidemic, and instead focusing on risks to specific groups, the media encourages the attitude that AIDS is 'somebody else's problem' and that if you are not part of a risk group you don't need to worry about HIV and AIDS (Edewor 2010).

Although HIV and AIDS education needs to be tailored to the context in which it takes place and to the people who are being educated, there are some key areas that HIV and AIDS education programmes need to cover. It is important that the information provided is a balance of the social and emotional aspects of HIV/AIDS as well as biological and medical information. Comprehensive HIV and AIDS education should, according to Edewor (2010) include:

- Basic knowledge of HIV and AIDS – including how to protect oneself from HIV infection.
- Learning about treatment and care - including an understanding of Voluntary Counselling and Testing (VCT) and antiretroviral drugs.

Social and emotional aspects

- How to maintain a healthy level of self-confidence and self esteem.
- Coping with difficult and risky situations.
- Coping with loss.

Sexuality

- Learning about different sexual orientations and the development of sexuality.

Promotion of equity, including gender issues

- Understanding that social, biological, economic and cultural factors affect
- Vulnerability to HIV.
- Understanding that men and women have similar rights in society and family.

Overcoming stigma and discrimination and promoting human rights

- How to show support for HIV positive people and how not to discriminate against or stigmatise people living with HIV
- Understanding the importance of confronting HIV and AIDS in the community

Providing the right information is only a part of carrying out comprehensive HIV and AIDS education. For the education to be effective, this information needs to be absorbed and remembered. Active learning encourages people to engage with information by giving them the opportunity to apply it.

Bringing the efforts of the agencies for the control of HIV/AIDS education into focus here, will enable the present research establish the state-of-the-art in the study area. This will be with a view to underscoring earlier efforts for necessary improvement towards the realization of the intended goal.

2.7.1 Information Sources on HIV/AIDS available to the State Agencies

There are different sources of information available. The sources of information on HIV/AIDS are mostly from the media –both print and electronic through regular reports on the social, economic and medical aspects of the scourge. It has been observed that information could be obtained through various sources like interpersonal means, mass media, print formats and non-print formats (Ononogbo, 1985, Bii and Otike, 2003). Bii and Otike (2003) studied the provision and accessibility of health information. The study pointed to the fact that health information sources predominantly used by the respondents were interpersonal sources such as friends, parents, relatives, healthcare workers and radio.

. The most widely used and effective media of information are the mass media – the radio, television, and newspapers. They have the advantages of wide circulation and timely dissemination of information. The medium of radio seems cheaper and nearer to the people and any available information on HIV/AIDS can be made accessible to the masses from the source. Meanwhile, traditional sources of information dissemination are village meetings, age grade meetings, palm wine drinking spots, market women association, farmers associations, social clubs, Christian women association, village chiefs and town criers (Iwara, 2010). However, information sources on HIV/AIDS available to State Agencies are of

various formats and are highly necessary for easy access and use of information for the control of HIV/AIDS in North Central States of Nigeria, in order to enhance effective service delivery to the right person at the right time and in a more meaningful way.

2.8 The Roles of the Library in Facilitating Information Access and Use for the Control of HIV/AIDS

Libraries have an important role in the provision of health information. According to Lancaster (2003), people generally see libraries as familiar, accessible and a reliable source of information and more so going to the libraries do not carry any stigma. There is the need for the provision of health information services through libraries to the high-risk population, especially young adults, who are increasingly making themselves vulnerable to HIV/AIDS, through alcohol, drug abuse and peer pressure. Hence, Charles (2003) maintained that libraries have a moral obligation to provide access to information for children and young adults with special attention to AIDS issues. According to Ojo and Olorunyomi (1990), libraries are centres of communication, the agencies through which librarians can best serve the noble course of education; libraries also supplement and compliment the mass media of communication; press, radio television and cinema. The library cannot guarantee good health to it users, but can provide information that the users could explore and find how to live healthy. Ija (2004) stated that the library has an important role to play in modelling the society and the youth in particular.

Libraries, especially academic libraries can play a pivotal role in educating undergraduates about the disease and ways of preventing its spread. Awareness campaign on campuses should bear in mind that the seriousness of the social stigma attached to the disease should be intensified. Libraries in their various locations must serve as powerful agents for creating awareness and disseminating relevant information among the students. Information

resources on HIV/AIDS in the libraries are not many when one searches the literature (Ajayi and Omotayo, 2010).

Ghosh (2006) reported that information resources in libraries are lacking in appropriateness and limited in number and not updated frequently. Association of Libraries (2003) proceedings devoted a special issue on health informatics. Jones (2003) provided an overview of his research project on the efficacy of providing information via touch-screen information systems. Charles (2004) discussed about HIV/AIDS in Uganda and recommended library intervention to control the epidemic. O'Brien (2003) in her report elaborated the role of libraries in preventing AIDS epidemic. Baffour-Awuah (2004) explored the possibilities of using fiction collection as tools to fight HIV/AIDS battle. Press and Digs-Hobson (2003) opined that librarians can play a significant role in the provision of health information if they listen carefully to the needs of students, develop cultural competence and work with them.

Ruffin (2005) recommended collaboration between health sciences libraries and community-based organizations to promote access to health information. Williams et al. (2003) found a huge variation in reasons for going to the Internet to access health information by varieties of people (youths, patients, professional or for general interest). In Nigeria alone, young people constitute more than 45.5 million of the population, a figure which is more than half of the whole West African countries (World Youth Population, 2006) and Nigeria has the largest population in Africa which is almost twice that of the next populated country in the continent (Population and Economic Development, 2007).

Youths are at the centre of the HIV/AIDS epidemic in Nigeria, just as they are in many other countries of the world (Fact sheet, 2008). Furthermore, there is significant gender difference with males reporting greater overall susceptibility to HIV than females and

Nigerian undergraduate students have a highly favourable knowledge about HIV/AIDS, how it can be transmitted and what can be done to prevent spread of the virus.

A study by Komolafe (1999) also showed that HIV/AIDS awareness was increasing phenomenally with the passing of each day. She opined that attitude towards People Living with HIV/AIDS (PLWHA) continues to be that of discrimination, rejection and stigmatization. Indeed one may rightly ask the question, are libraries doing enough? This is because when one evaluates materials on HIV/AIDS in libraries, one discovers that most information on the shelves is out of date and therefore not useful. A study was conducted (African News Service, 2005) in Liberia about people's awareness of HIV/AIDS, and it was discovered that people were afraid, especially women, were afraid to come out and confess that they had the virus because most of them were ignorant about the disease. This points to the conclusion that more awareness needs to be created on AIDS by libraries and other agencies.

Nwafor-Orizu (2003) asserted that there was an urgent need to create HIV/AIDS awareness among the populace to avert the impending catastrophe and the fear of imminent wasting of a greater part of this generation, based on the shocking statistics of deaths, high infection rates and sharp drops in life expectancy. He concluded that the increasing consumer access to HIV/AIDS information through outreach programme remains invaluable to the consumers in rural Nigeria (and other developing countries) considering the constraints they still have in accessing quality health information. Such outreach health information projects taken up by informed medical librarians beyond the library walls could impact positively on the people and will surely contribute to the achievement of Millennium Development Goals (MDGs) in developing countries.

Academic libraries are often talked of as the nerve centre of academic community where knowledge and skills are acquired to solve information poverty and ignorance. This is

because libraries are accessible, open to the community and generally safe. They can be uniquely comfortable places for the people to spend time to find out more about HIV/AIDS without the fear of stigmatization. Prevention should be the focus and prime concern that can bring about awareness, since not all the people may want to come to the library. Presently, ICT knowledge is critical to all human endeavours. For this reason, therefore, the library must act as an intermediary centre with suitable awareness programme for improving literacy, awareness and cultural awakening (Ghosh, 2005). Academic libraries should use new technology to develop online world in order to transform the lives of their youths.

The Australian Library and Information Association (2008) observed that library and information services have particular responsibilities in supporting and sustaining the free flow of information and ideas. These include:

1. Asserting the equal and equitable rights of citizens to information regardless of age, race, gender, religion, disability, cultural identity, language, socioeconomic status, lifestyle choice, political allegiance or social viewpoint;
2. Adopting an inclusive approach in developing and implementing policies regarding access to information and ideas that are relevant to the library and information service concerned, irrespective of the controversial nature of the information or ideas;
3. Ensuring that their clients have access to information from a variety of sources and agencies to meet their needs and that a citizen's information needs are met independently of location and an ability to pay;
4. Catering for interest in contemporary issues without promoting or suppressing particular beliefs and ideas;
5. Protecting the confidential relationships that exist between the library and information service and its clients;

6. Resisting attempts by individuals or groups within their communities to restrict access to information and ideas while at the same time recognising that powers of censorship are legally vested in state and federal governments; and
7. Observing laws and regulations governing access to information and ideas but working towards the amendment of those laws and regulations which inhibit library and information services in meeting the obligations and responsibilities outlined in this statement.

The fact remains incontrovertible that availability of information sources is the basis of its accessibility; consequent upon which the utilization of any information source depends largely on its access. Therefore, access to information sources is not only of great importance but must be made easy and possible as a fundamental precondition to ensuring timely delivery of quality information to the right people at the right time in the right way. It is in a similar vein that Olatunji (2006) opined that accessibility of information provides literacy skill to the recipient, offers acquisition of livelihood skills, and assists the information seeker to make informed decision, thereby making the right choice in life.

However, Edewor (2010) in his study found that respondents did not use the library or that health information materials for PLWHA were not available in the library. This has translated into a limited role for the library in the provision of access necessary for the use of HIV/AIDS information, especially in Nigeria. This situation is not good enough. Thus, he suggested that to encourage the use of the library by PLWHA, efforts should be geared toward information repackaging to address specific needs. Therefore, one cannot but adopt his recommendations towards improving the situation as contained below:

- Libraries should collect HIV/AIDS information materials. These materials should be made accessible to all library users.

- Libraries should educate users and organize awareness and outreach services in collaboration with NGOs on the subject of HIV/AIDS.
- Teacher librarians should educate their pupils through various information media on ways to prevent sexual transmission of HIV as well as treatment of HIV/AIDS.
- Library associations should be involved in public education on HIV/AIDS.
- There is a need for training and retraining of information experts to address the information needs of PLWHA in Nigeria.

Bitrus (2005) observed that in accessing information, indexes, abstracts, catalogues, and bibliographies are guides put in place for easy access to printed resources in libraries and information centres. Access to appropriate information sources is a prerequisite to meaningful information utilization, implying that information is more or less like a raw material that should not be neglected by any country that intends to live without the fear of any epidemic. Thus, information sources and easy access to them are prerequisites to the success of effective delivery of quality information to the right people at the right time. However, there are many constraints regarding this much-needed information accessibility; thereby hindering effective use of such sources.

From the above, it is clear that the library has a fundamental role to play in facilitating the provision of access and use of relevant information that the agencies would require to achieve the control of HIV/AIDS as desired. The reason for this is not far–fetched as the library is well positioned to collaborate with these agencies towards a common end, which is the focus of this study.

2.9 Summary of the Review

This chapter has reviewed literature considered related and relevant to the conduct of this study. The review revealed that many studies and writings exist on this subject matter, which was quite beneficial to the present study, especially in their methodologies and

findings. However, none of the literature reviewed dwelt on the particular issue of information accessibility and utilization by agencies for the control of HIV/AIDS in the North Central geopolitical zone of Nigeria. Information in whatever format is crucial in the fight against HIV/AIDS. As scientists continue to uncover the secrets of the human immunodeficiency virus, health care providers, patients, and the general public must have access to the most up-to-date information so as to implement these findings. Hence, the justification and desirability of this study is crucial and there is need for general sensitization about the power of information to enhance information generation and ensure maximum utilization of the delivery system.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research methodology adopted for this study. Essential elements of the chapter include research design, population of the study, sample and sampling techniques, data collection, instruments and procedure as well as the data analysis design.

3.2 Research Method Adopted for the Study

The survey research method was adopted for this study due to the nature of its subjects. Suleiman (2007) opined that the aim of survey research is to collect information from sample of respondents that relate to the problem being investigated. Its underlying principle is to seek the opinions of individuals on a particular problem, whereby a consensus of these opinions provides the needed solution to the problem at hand. Its appropriateness for this study lies in the fact that the research is targeted at the totality of the field officers in the State Agencies for the Control of HIV/AIDS in the North Central States comprising Kwara, Niger, Kogi, Plateau, Benue and Nassarawa, as well as the Federal Capital Territory, Abuja.

3.3 Population of the Study

The population of this study is the state agencies in the North Central Geopolitical Zone of Nigeria, which comprises 120 field workers saddled with the responsibility of creating awareness for the control of the spread of HIV/AIDS in the Zone. In the North Central States of Nigeria, each state has its own agency. For instance, Benue State – Benue State Action Committee on AIDS (BENSACA), Kogi State – Kogi State Action Committee on AIDS (KOSACA), Kwara State – Kwara State Action Committee on AIDS (KWASACA), Nasarawa State – Nasarawa State Action Committee on AIDS (NASACA), Niger State –

Niger State Action Committee on AIDS (NISACA), Plateau State – Plateau Action Committee on AIDS (PLACA) and Federal AIDS Control Agency (FACA). The breakdown of the figure is as in Table 3.1

Table 3.1 Population Distribution

STATES	PM	M/EO	CMO	LM	LACA	WACA	**TOTAL**
BENUE	1	3	4	4	3	2	**17**
FCT	1	4	3	5	3	2	**18**
KOGI	1	3	4	4	3	2	**17**
KWARA	1	2	1	8	3	2	**17**
NASARAWA	1	3	4	4	3	2	**17**
NIGER	1	3	3	5	3	2	**17**
PLATEAU	1	3	4	4	3	2	**17**
TOTAL	**7**	**21**	**23**	**34**	**21**	**14**	**120**

Source: KWASACA, 2008

Key

PM - Project Manager

M/EO - Monitoring and Evaluation Officer

CMO - Communication and Mobilisation Officer

LM - Line Ministries

LACA - Local Action Committee on AIDS

WACA - Ward Action Committee on AIDS

3.4 Sample and Sampling Technique

The overall totals of 120 field workers in charge of HIV/AIDS control in the North-Central State of Nigeria were used as sample for this study. This was for the fact that the whole population was not too large. It, therefore, becomes necessary for the researcher to use the whole population of the study and they formed the sample. Hence, no sampling technique was used.

3.5 Instruments for Data Collection

The researcher used questionnaire, interview and personal observation for the purpose of data collection. These instruments used were designed to ensure that relevant data were collected. The instruments for data collection is said to be valid when it is able to produce correct responses from the subjects of the sample study (Mohammed, 2005). It is discovered that the questionnaire is the most frequently used instrument in Educational research. Ujo (2000) opined that it is so popular that a number of published studies and students' projects in education employ this instrument for data collection.

3.5.1 Questionnaire

The Access and Use of Information Questionnaire (AUIQ) was used as the principal instrument for data collection. The study adopted the use of questionnaire because it is easy to administer and helps to keep the respondent's mind fixed on the subject (Ndagi, 1999). Similarly, Ekeh (2003) opined that questionnaire is the most suitable instrument for collecting data in a survey or cross-sectional descriptive research such as this study. Questionnaire was used to collect the data because of its relevance and the researcher knew that this method could only be used for getting information from the staff of the Agencies. It set out to gather factual information in an enquiry form through which the respondents answer the questions or respond to statements in writing.

Questionnaire may be closed or structured, open or unstructured. For this study, the questionnaire used to collect data needed to answer the research questions already set out was both open and close ended formats. The close-ended questions were provided itemized options to assist respondents to provide relevant answers. The open-ended ones were to avail respondents the opportunity to freely express their opinions on issues raised. Copies of the questionnaire were personally distributed among the respondents by the researcher herself.

However, the questionnaire could be used to obtain information on a number of respondents as regards some factors like gender, qualification, working experience to mention but a few. The use of questionnaire is such that it could ensure obtaining correct information from respondents.

The Questionnaire has four sections; Section A – Bio – Data consisted of 3 questions on sex, qualifications and years of experience. Section B contained 3 questions which sought to know the types of sources of information available for the control of HIV/AIDS by the State Agencies. Section C also consisted of 3 questions about availability of information needed by the Agencies for the control of HIV/AIDS. Section D had questions on accessibility and utilization of information for the control of HIV/AIDS by the Agencies. Sections A - D were structured questionnaires containing 17 questions.

3.5.2 Interview

The interview conducted was quite similar to the questionnaire to the extent that it was discussed as an oral questionnaire because the respondents (Interviewees) did not give written but oral, face-to-face responses and even through telephone. It allowed for the collection of first- hand, reliable and more indepth responses (Ndagi, 1999). Saliu and Oyebanji (2004) posited that the interview technique with the aid of the questionnaire is a kind of conversation carried out between the interviewer and the respondents with the objective of gathering desired data.

3.5.3 Observation

This was the third instrument used for the data collection which enabled the researcher to assess the situation first-hand, using the opportunity to also clarify ambiguities that emanated from the questionnaire and/or interview questions. This was because the responses were subjected to observation by the researcher especially during the process of

data collection. Ekeh (2003) also stated that to observe means to watch carefully for occurrence of variables, measure and record for the purpose of relating to other variables. Observation thus provided the researcher with accurate data related to the study.

However, Onyango (2002) reiterated the fact that when observation is combined with questionnaire and interview, as it is the case with this research, it provides additional information that might not have been generated by the two.

3.6 Validation of the Instrument

A measuring instrument is considered valid if it measures timely and accurately the quality desired (Mohammed, 2005). Content validity is the extent to which a test appears to be representative of the content of the subject matter dealing with the predictability of the instrument and how well it gives needed information. This is usually determined by experts' opinions on the face of the instrument. To establish face-validity in this study, the draft copy questionnaire was given to my supervisors for necessary input and corrections, to ascertain the questionnaire items for relevance and clarity. Their comments enabled the researcher to review and revise the instrument for greater effectiveness. (Mohammed, 2005).

3.7 Reliability of the Instrument

The reliability of the instrument was established by conducting a pilot study within one week at SACA office in Ibadan, Oyo State. It was concerned with accuracy, stability and consistency of the research instrument. To ensure that the instrument was reliable, a pre-test was conducted using the field officers in the same office, which was not included in this study. The split-half approach, adjusted by Spearman Brown Formula was applied by dividing the scale in each section into two halves, using the odd-numbered items for one and the even-numbered for the other. Each of the two sets of the items was treated as a separate scale for the questionnaire and then correlated with the two sub-scales taken as a measure of

reliability. Using the Spearman Brown method at r = 0.88, the correlation co-efficient obtained between the two halves was r=0.92. From this, it was clear that the **AUIQ** was a reliable instrument to elicit the required data for this study.

3.8 Procedure for Data Collection

The researcher, with the aid of research assistants, administered the questionnaire to all respondents across the States in the North Central States of Nigeria including Abuja, which was done within three weeks. Additional two weeks were also given to the respondents so as to facilitate completion of the instrument. The Administration of the instrument was conducted under strict confidentiality as the respondents were assured that their responses would be treated confidentially and for the purpose of the study alone. During this period, completed copies of the questionnaire were collected, while the interview sessions were scheduled and undertaken, with the observation conducted simultaneously.

3.9 Procedure for Data Analysis

The Analysis in this study was conducted by using descriptive statistics of simple percentages, frequency tables and bar charts. The descriptive statistical tools were used to analyze the data collected from the respondents using the instruments described above. The data were assembled, sorted, coded, tabulated and presented for analysis item by item using percentages. Tabular presentation of the data included the actual response numbers which were converted into percentage with the aim of analysing the data and discussing the issues that arose there from. Conclusions were drawn from the analysis which was considered to be sufficient in this study since it dealt with only the research questions.

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CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the analysis and interpretation of the data collected using the instruments already discussed in chapter three. To do this, a tabular presentation of data was employed considerably alongside which the analyses were presented immediately after each table. In addition to these, charts were also employed while every analysis was followed with appropriate interpretation.

4.2 Response Rate and Demographic Characteristics of the Respondents

From a total of 120 questionnaire administered, 113 were returned and found usable for the data analysis; which represents 94.2% response rate. This could be attributed to the fact that some respondents completed the questionnaire on the spot as a result of good rapport established by the researcher. Also, the researcher's effort and that of the research assistants in administering the instrument and the subsequent follow up led to the high response rate.

Table 4.1 Response Rate of Respondents by States

State Agencies	No. of Questionnaire Distributed	No. of Questionnaire Returned	Percentage
Benue	17	17	94.1
FCT	18	16	94.1
Kogi	17	16	94.1
Kwara	17	16	100
Nassarawa	17	16	94.1
Niger	17	16	94.1
Plateau	17	16	94.1
Total	**120**	**113**	**94.9**

Table 4.2 Response Rate of Respondents by Gender

Gender	**Frequency**	**Percentage**
Male	56	49.6
Female	57	50.4
Total	**113**	**100**

Table 4.2 above indicated that the respondents are categorized into two by gender (male and female). It is evident from their responses shown in the above Table that, the number comprised 50.4% female and 49.6% male. This indicates a near-equal representation of both sexes, otherwise referred to as gender balance.

Table 4.3 Educational Qualifications of the Respondents

Educational Qualification	**Frequency**	**Percentage**
'O' Level	4	3.6
OND	38	33.6
HND	35	31.0
Bachelor's Degree	24	21.2
Master's Degree	12	10.6
Total	**113**	**100**

Table 4.3 showed that, there is a spread in the educational qualifications of the respondents from the Secondary School Certificate (3.6%) holders; Ordinary National Diploma (33.6%); Higher National Diploma (31.0%), Bachelors Degree (21.2%), and Masters Degree (10.6%). The implication of this is far reaching because it shows that the bulk of the respondents fell within the category of well-educated and therefore qualified educationally. This means that with the group of the officers so well-qualified, the assignment of seeking available information, accessing and utilizing same for the intended purpose of HIV/AIDS control by the Agencies would be highly enhanced. This is because, with that category of staff in the field of operation, there is no doubt that the job of

information dissemination will be effective to a large extent. This is for the fact that their qualifications are essential ingredients for efficient and effective professional performance.

Table 4.4 Years of Experience of the Respondents

Years of Experience	**Frequency**	**Percentage**
0-10	65	57.5
11-20	35	31.0
21-30	12	10.6
31 and above	1	0.9
Total	**113**	**100**

Table 4.4 is similar to the good spread of educational qualifications of the respondents as the good mix of their years of experience which consisted of 0-10 years (57.5%), 11-20 years (31.0%), 21-30 (10.6%) and above 31 years (0.9%). This implies that not only were the respondents highly qualified, they were also well- experienced on the job. These qualities are very necessary for effective dissemination of information for the control of HIV/AIDS by the agencies concerned. With the presence of older hands on the job, good monitoring as well as appropriate mentoring of the younger ones would be facilitated, thereby translating into good performance.

4.3 Data Presentation and Analysis

This segment is concerned with the presentation, analysis and interpretation of the data collected relating to information availability, accessibility and utilization. The segment with information availability starting with sources of information that were generally available to the Agencies for the control of HIV/AIDS, as presented in Table 4.5

Table 4.5 Information Needs of the Agencies

Information Needs of the Agencies				
Information Needs	(YES)	%	(NO)	%
HIV/AIDS Testing Reports	107	94.7	6	5.3
People's Response To The Services	104	92.0	9	8.0
People Affected by HIV/AIDS	97	85.8	16	14.2
Laboratory Reports	95	84.1	18	15.9
HIV/AIDS Counselling Reports	91	80.5	22	19.5
Checklist Reports	31	27.4	82	72.6
Others	-		-	

Fig. 4.1 Information Needs of the Agencies

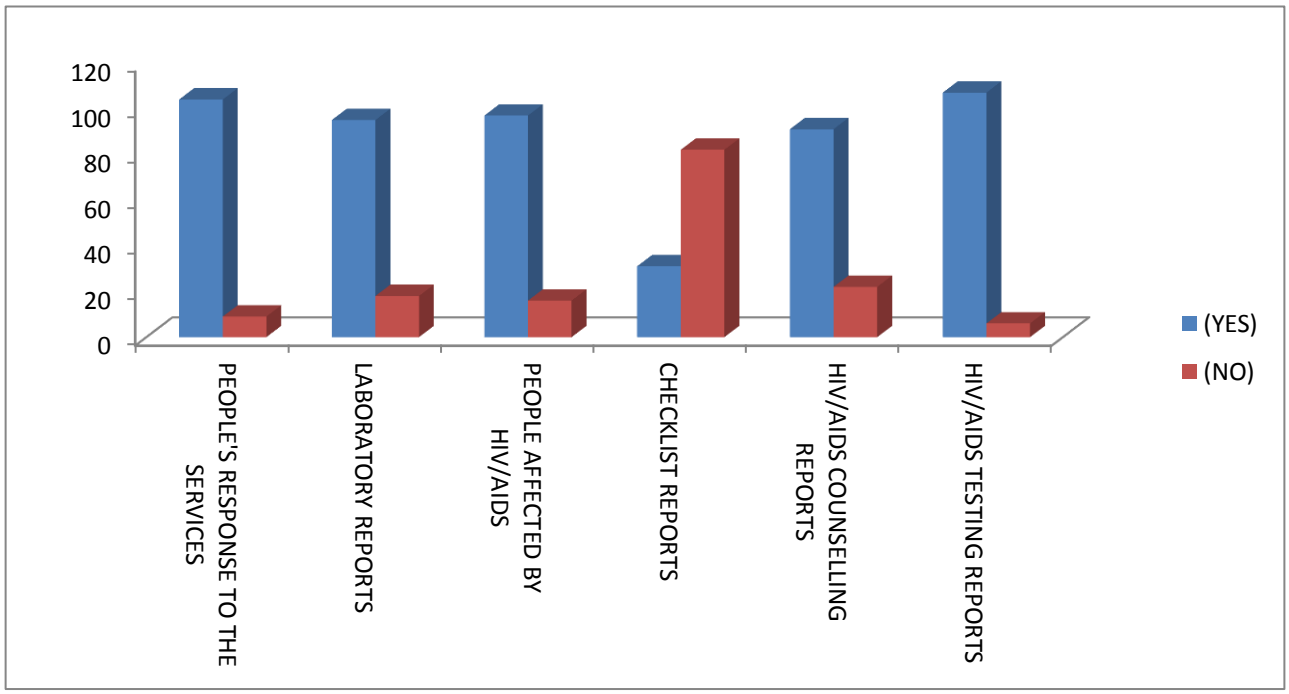


Figure 4.1 has provided the range of information needs of the agencies critical to the utilization of information for the control of HIV/AIDS. Most prominent of these were HIV/AIDS Testing Reports (94.7%), People's response to the services (92.0%), People affected by HIV/AIDS (85.8%), Laboratory reports (84.1%) and HIV/AIDS Counselling reports (80.5%). However, the Checklist reports (27.4%) were not found to be as important as

the above listed information needed by the agencies. This means that the order of importance of these needs by the Agencies ought to be taken into account in prioritizing their needs. The wide – ranging information needs of the agencies as revealed by this study, agreed with the age-long belief that information is not only basic but also fundamental to the survival of the human race regardless of race, colour, language, and environment and so on. Bello (2006) captured this aptly in his conclusion that the "free and equal access to information by every member of the society, irrespective of racial, religious, geopolitical, socio-economic and political status is as fundamental as human right itself." Infact, Okoro (2004) underscored this in postulating that "one cannot be adequately empowered without adequate information."

That these important information sources are widely available to the respondents points to the possibility of their accessibility and use in relation to the attainment of the mandate of the Agencies, as postulated by Okoro (2004).

Table 4.6 Purposes for which Information is Utilized by the Agencies

Purposes of Information Utilization by the Agencies				
Purpose	**(YES)**	**%**	**(NO)**	**%**
Make Decisions	110	97.3	3	2.7
Plan For Future Development	105	92.9	8	7.1
Utilization of Hospitals Services	99	87.6	14	12.4
Services Assessment	95	84.0	18	15.9
Encourage Victims	94	83.2	19	16.8
Evaluation Performance	93	82.3	20	17.7
Allay their Fears	91	80.5	22	19.5
Correct Mistakes	58	51.3	55	48.7
Sharing Information	37	32.7	76	67.3
Others	-		-	

Fig. 4.2 Purposes for which Information is Utilized by the Agencies

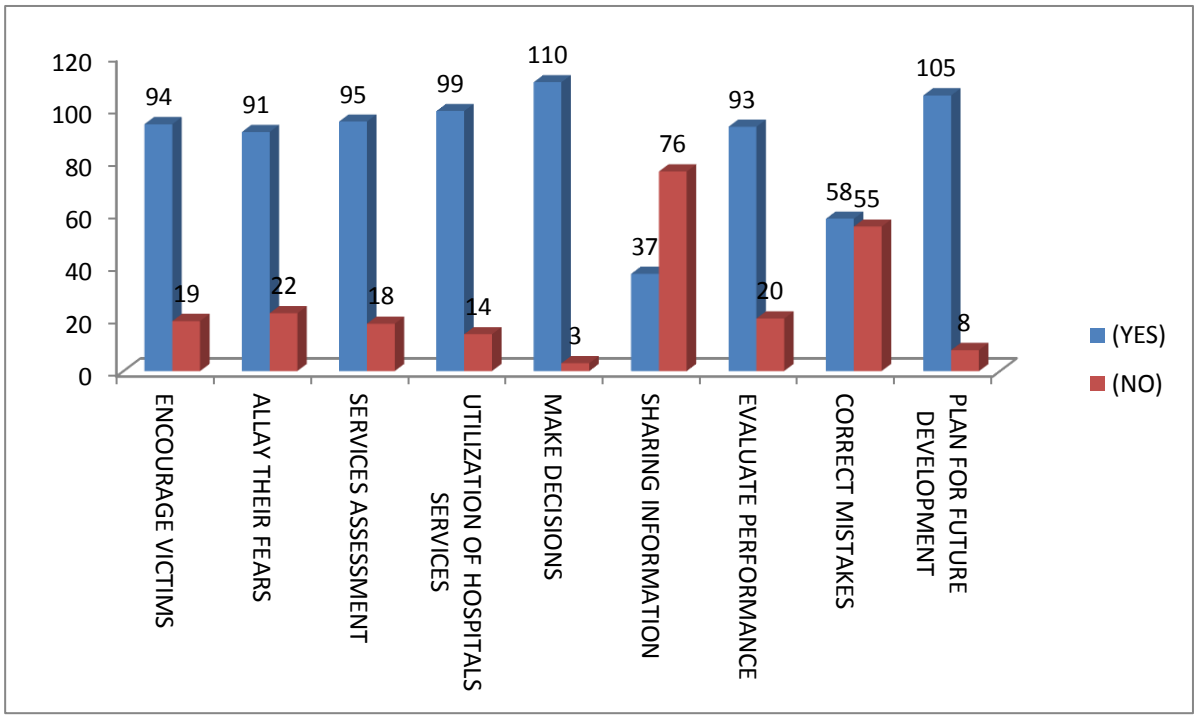


Figure 4.2 distinguished between the purposes of accessing and those of utilizing information for the control of HIV/AIDS by the Agencies. This is significant because the ultimate goal of accessing information is to utilize same for meeting the goals and objectives of the agencies. Hence, the wider spectrum of the purposes of information utilization by the agencies where the most significant purposes were for decision making (97.3%) and for planning future development (92.9%) aside from the use of hospital services (87.6%), services assessment (84.1%), encourage victims (83.2%), evaluate performance (82.3%) and allay victims' fears (80.5%). Correcting mistakes (51.3%) and sharing information (32.7%) were the least of the chosen options by the respondents, indicating their level of significance as purposes for utilizing information for the control of HIV/AIDS by the Agencies.

The significance of this finding was corroborated by that of Alemna (1995) who found that information utilization is primarily for three processes namely; for creating awareness, for acquiring knowledge and for decision making.

Table 4.7 Sources of Information Available to the Agencies for the Control of HIV/AIDS

Sources	No. of Respondents Yes	%	No. of Respondents No	%
Medical Centres	101	(89.4%)	12	(10. 6%)
Ministries of Health	100	(88. 5%)	13	(11. 5%)
NACA, SACA, NGOs and FBOs Offices	98	(86. 7%)	15	(13. 3%)
Meeting of Stakeholders	86	(76. 1%)	27	(23. 9%)
Workshops, Seminars and Conferences	86	(76. 1%)	27	(23. 9%)
Journals, Books and Newspapers	66	(58. 4%)	47	(41. 6%)
Agency Bulletins/Posters	51	(45.1%)	62	(54.9%)
Libraries and Information Centres	31	(27.4%)	82	(72. 6%)
Radio and Television	22	(19. 5%)	91	(80. 5%)
Other Sources	-		-	

Table 4.7 has shown that the sources of information for the control of HIV/AIDS included medical centres (89.4%), Ministries of Health (88.5%), NACA, SACA, NGOs and FBO's Offices (86.7%) with Meetings of Stakeholders as well as Workshops, Seminars and Conferences having 76.1% each. Journals, Books and Newspapers (58.4%), Agency Bulletins/Posters (45.1%), Libraries and Information Centres (27.4%) and Radio and Television (19.5%), came in that order as the remaining sources of information to the agencies. This implies that, the conventional media of information such as the radio and television did not feature prominently in the list. Libraries and Information Centres appeared only before radio and television. This finding supports, in part, that of Bii and Otike (2003) who found that health information sources predominantly used by their respondents were interpersonal sources, including friends, parents, relatives, health care workers and radio, in that order.

Table 4.8 Information Tools Available to the Agencies for the Control of HIV/AIDS

Tools	No of Respondents Yes	%	No of Respondents No	%
Nigerian National Response Information Management System for HIV/AIDS (NNRIMS)	111	(98. 2%)	2	(1.8%)
Prevention of Mother to Child Transmission (PMTCT) Information	100	(88, 5%)	13	(11.5%)
HIV Counselling and Testing (HCT) Information	56	(49. 6%)	56	(49. 6%)
Orphans and Vulnerable Children (OVC) Information	56	(49. 6%)	57	(50. 4%)
HIV Management Information Systems (HMIS)	52	(46. 0%)	61	(54.0%)
Anti Retroviral Therapy (ART) Information	50	(44. 2%)	62	(54.9%)
Home Based Care (HBC) Information	48	(42. 5%)	65	(57. 5%)
Consent Form for Operation Information	41	(36. 3%)	72	(63. 7%)
Reports from Ophthalmology Tools	26	(23. 0%)	87	(77.0%)
Others	-		-	

Table 4.8 has shown the tools employed by the Agencies for the control of HIV/AIDS. These included Nigerian National Response Information Management Systems for HIV/AIDS (NNRIMS) for HIV/AIDS (98.2%), Prevention of Mother to Child Transmission (PMTCT) Information (88.5%) with both HIV Counseling and Testing Information and Orphans and Vulnerable Children (OVC) information having 49.6% each. These were followed by HIV Management Information System (HMIS) (46.0%), Anti Retroviral Therapy (ART) information (44.2%), Home Based Care (HBC) information (42.5%), Consent form for operation information (36.3%) and Reports from Ophthalmology tools (23.0%).

The implication of the results is that the Agencies had a wide range of tools usually deployed in their efforts at controlling HIV/AIDS through effective and appropriate information dissemination. This finding is in line with the position expressed by Ajegbomogun and Okorie (2008) who maintained that, in spite of the fact that AIDS has no known cure yet, “the most potent weapon available in the arsenal to fight this hyra-headed demon is information.” This position was further strengthened by Nakenjako and Twesigye

(1998) who emphasized that the expansion and improvement of HIV/AIDS education around the world remained a veritable tool for the prevention of its spread.

Table 4.9 Availability of Needed Information to the Agencies

Information Availability	VRA	RA	A	RA	UNDECIDED
HIV/AIDS Counselling Reports	30 (26.5%)	43 (38.1%)	39 (34.5%)	-	1 (.9%)
HIV/AIDS Testing Reports	20 (17.7%)	45 (39.8%)	47 (41.6%)	-	1 (.9%)
People's Response to the Service	16 (14.2%)	7 (6.2%)	68 (60.2%)	3 (2.7%)	19 (16.8%)
People Affected by HIV/AIDS	14 (12.4%)	10 (8.8%)	66 (58.4%)	1 (.9%)	22 (19.5%)
Laboratory Reports	14 (12.4%)	52 (46.0%)	36 (31.9%)	8 (7.1%)	3 (2.7%)
Checklist Reports	8 (7.1%)	10 (8.8%)	11 (9.7%)	4 (3.6%)	80 (70.8%)
Others	-	-	-	-	-

Table 4.9 locates each of the Agencies needed information within the context of their availability, in which case HIV/AIDS Counselling reports appeared to be the most readily available (26.5%) and readily available (38.1%) and available (34.5%). Also found to be very readily available next to the above was HIV/AIDS testing reports (17.7%), readily available (39.5%) and available (41.6%). However, People's responses to the agencies services (14.2%), Laboratory reports and People affected by HIV/AIDS (12.4%) each; as well as Checklist reports (7.1%) were not found to be readily available. This means that the Agencies will be restricted in terms of availability of needed information to some extent, which may have some negative impact that could hamper the success of the agencies in carrying out their mandates. Availability of information to the agencies, as revealed by this finding, poses a challenge which can only be appreciated against the findings by Moore (2005). He asserted that the "recent introduction of Highly Active Antiretroviral Theraphy (HAART) as well as better education and information for the management of the people living with HIV/AIDS

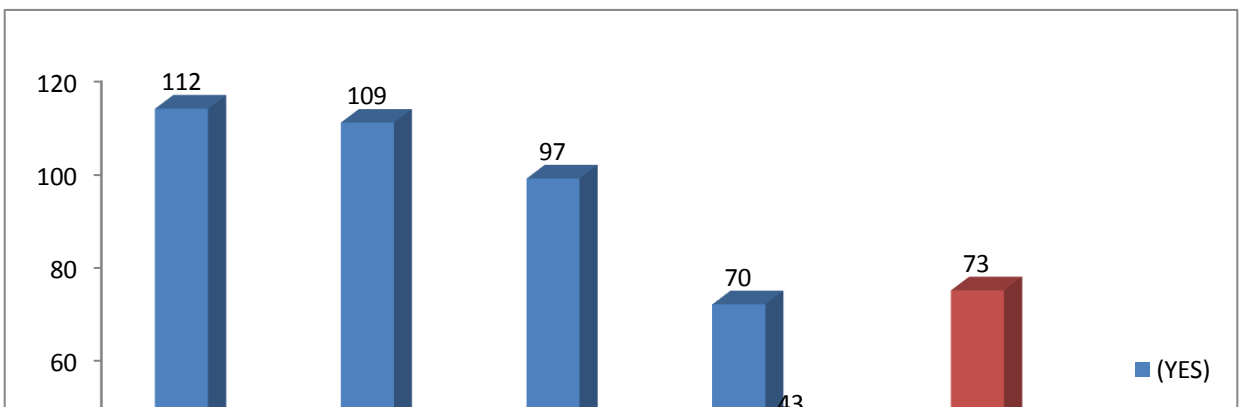
(PLWHA) in Nigeria, people infected with HIV live longer and are healthier even with CD4+Cell of less than 200/mm."

Table 4.10 Information Sources Accessible to the Agencies

Accessibility	No of Respondents Yes	%	No of Respondents No	%
Internet	113	(100%)		
Journals	99	(87. 6%)	14	(12. 4%)
Seminars, Conferences and Workshops	95	(84. 1%)	18	(15.9%)
Bulletins	85	(75.2%)	28	(24. 8%)
Posters	77	(68. 1%)	36	(3`. 9%)
Libraries and Information Centres	25	(22. 1%)	88	(77. 9%)
File Folder	19	(16. 8%)	94	(83. 2%)
Photocopying and Print outs	18	(15. 9%)	95	(84. 1%)
Catalogue	11	(9. 7%)	102	(90. 3%)
Other Sources	-		-	

The results above in table 4.10 pointed in the direction of the extreme popularity of the Internet as the most available and accessible information sources to the Agencies attracting 100% response. This was followed by accessibility to Journals (87.6%), Seminars/Conferences/Workshops (84.1%), Bulletins (75.2%) and Posters (68.1%). Again, the results further confirm that libraries and information centres remained unpopular regarding accessibility, attracting only 22.1% response. This is in line with the earlier rating which scored libraries and information centres very low as source of information in the Agencies. Furthermore, HIV/AIDS facility base contributed significantly to the agencies accessibility of information with (99.1%), followed by SACA (96.5%).

Fig. 4.3 Places where the Agencies Accessed Needed Information



Places where the needed information was accessible to the Agencies included their facility base (99.1%), SACA (96.5%), Ministry of Health (85.8%) and Centres of HIV/AIDS services (61.9%). Once again, libraries and Information centres were the least accessed for their information needs recording only 35.4%. The frequency of their information accessibility was mainly monthly (94.7%), annually (86.7%), daily and quarterly (73%) and weekly (54.4%). This implies that needed information by the Agencies was constantly accessible, which signifies satisfaction of the agencies' information needs for their HIV/AIDS control measures.

Table 4.11 Satisfaction with Information Utilization by the Agencies

Agencies	Very Satisfied	Satisfied	Fairly Satisfied	Not Satisfied	Undecided
Health Centres	28 (24. 8%)	56 (49. 6%)	28 (24. 8%)		1 (.9%)
NACA	16 (14. 2%)	92 (81. 4%)			5 (4. 4%)
SACA	13 (11. 5%)	82 (72. 6%)	13 (11. 5%)		5 (4. 4%)
Ministries of Health	14 (12. 4%)	77 (68. 1%)	19 (16. 8%)		3 (2. 7%)
Ministries of Information	11 (9. 7%)	26 (23. 0%)	59 (52. 2%)	3 (2. 7%)	14 (12. 4%)
Libraries and Information Centres	15 (13. 3%)	10 (8. 8%)	81 (71. 7%)		7 (6. 2%)
NGOs and FBOs	4 (3. 5%)	74 (65. 5%)	26 (23. 0%)	5 (4. 4%)	4 (3. 5%)
Others	-	-	-	-	-

Tables 4.11 shows that the Agencies were satisfied with information accessibility and utilization at the NACA (95.6%), SACA (84.1%), Ministries of Health (80.5%), Health Centres (74.4%), NGOs and FBOs (69.0%). However, satisfaction with information accessibility and utilization was low for Ministries of Information (32.7%), as well as libraries and information centres (22.1%). These results indicate that the agencies were largely satisfied with the accessibility and utilization of information for the control of HIV/AID, its core mandate.

Table 4.12 Degree of Relevance of Information Available to the Agencies for the Control of HIV/AIDS

Relevance	Very Relevant	Relevant	Fairly Relevant	Not Relevant	Undecided
Medical Centre	31 (27. 4%)	80 (70. 8%)	2 (1. 8%)		
Agency Bulletins		55 (48. 7%)	37 (32. 7%)	1 (.9%)	19 (16. 8%)
Meeting of Stakeholders	4 (3. 5%)	95 (84. 1%)	2 (1. 8%)		12 (10. 6%)
Ministries of Health	16 (14. 2%)	89 (78. 8%)	5 (4. 4%)		3 (2. 7%)
Workshops, Seminars and Conferences	3 (2.7%)	28 (24. 8%)	62 (54. 9%)	1 (.9%)	19 (16. 8%)
NACA,SACA, NGOs, and FBOs offices	21 (18. 6%)	80 (70. 8%)	4 (3. 5%)	1 (.9%)	7 (6. 2%)
Posters	1 (. 9%)	9 (8. 0%)	81 (71. 7%)		22 (19. 5%)
Journals	5 (4. 4%)	12 (10. 6%)	80 (70. 8%)		16 (14. 2%)
Libraries and Information Centres	24 (21. 2%)	8 (7. 1%)	69 (61. 1%)	2 (1. 8%)	10 (8. 8%)
Others	-	-	-	-	-

On the degree of relevance of the information available to the agencies for the control of HIV/AIDS, Table 4.12 indicates that the information available at the Medical Health Centres was the most relevant (27.4%) and relevant (70.8%), followed by that available in NACA, SACA, NGOs and FBOs offices, which accounted for 18.6% very relevant and 70.8% relevant. Also found significant were the Ministries of Health, which had 14.2% very relevant and 78.8% relevant just as the Meetings of stakeholders had only 3.5% very relevant but 84.1% relevant information availability while the agencies' bulletins were also found to have a considerable degree of relevance (48.7%). However, libraries and information centres, with 28.3% relevance were only more significant than Workshops, Seminars and Conferences (27.5%), Journals (15.0%) and Posters (8.9%.

Table 4.13 Relevance of Sources of Information Available to the Agencies

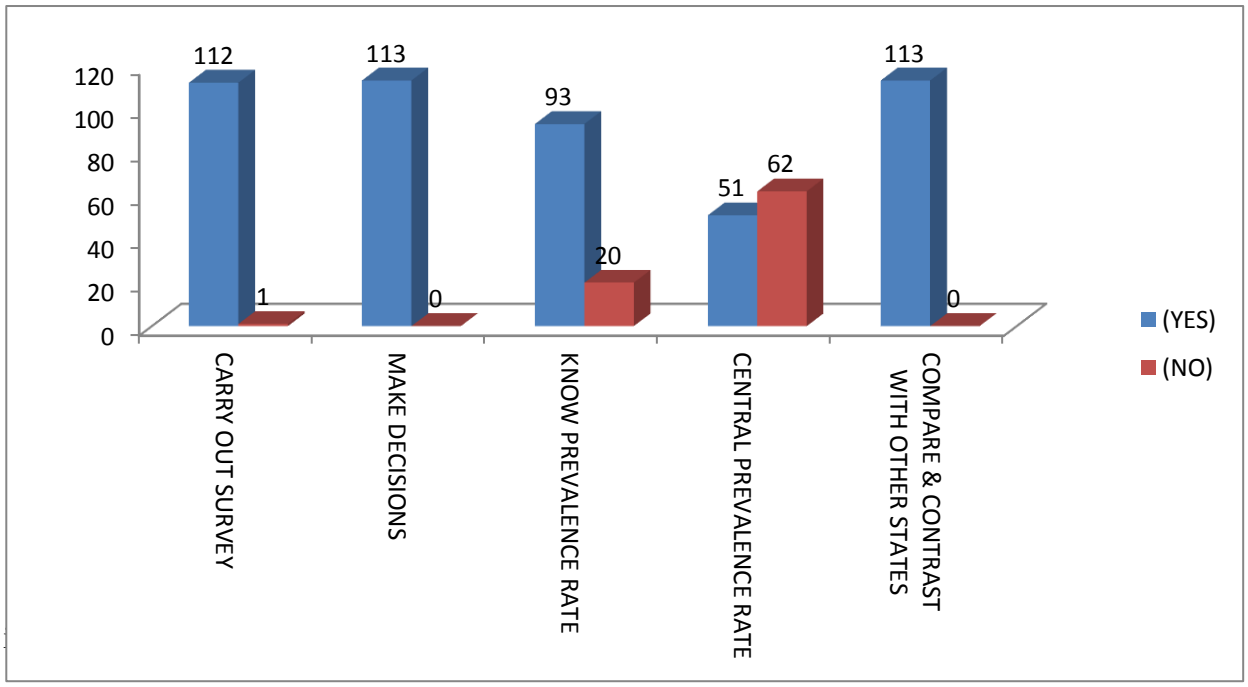
Sources	No. of Respondents Yes	%	No. of Respondents No	%
Medical Health Centres	109	(96. 5%)	4	(3. 5%)
NACA, SACA, NGOs, and FBOs Offices	93	(82. 3%)	20	(17. 7%)
Meetings of Stakeholders	91	(80. 5%)	22	(19. 5%)
Ministries of Health	90	(79. 6%)	23	(20. 4%)
Workshops, Seminars and Conferences	86	(76. 1%)	27	(23. 9%)
Posters	86	(76. 1%)	27	(23. 9%)
Agency Bulletins	73	(64. 6%)	40	(35. 4%)
Journals	68	(60. 2%)	45	(39. 8%)
Libraries and Information Centres	43	(38. 1%)	70	(61. 9%)
Other Sources	-		-	

Table 4.13 has shown how relevance available information was found to correspond with the actual sources used by the Agencies in carrying out their campaigning activities for the control of HIV/AIDS. Medical Health Centres were the most used sources of information (96.5%), followed by NACA, SACA, NGOs and FBO's offices (82.3%), Meetings of stakeholders (80.5%), Ministries of Health (79.6%) and then Posters (76.1%). The results showed that the use of Libraries and Information Centres was the least used source of information by the Agencies attracting only 38.1% responses. This signifies their unpopularity as a source of information used by the agencies. This finding is contrary to the position of Charles (2003) who maintained that "libraries have a moral obligation to provide access to information for children and young adults with special attention to AIDS issues." However, the findings of both Ajayi and Omotayo (2010) and Ghosh (2006) revealed to the contrary as they found that "information resources in HIV/AIDS in the libraries are not many when one searches the literature and that "information resources on HIV/AIDS in libraries are lacking in appropriateness and limited in umber and not updated frequently." This led to the recommendation by Ruffin (2005) of collaboration between health sciences libraries and community based organizations to promote access to health information.

Table 4.14 Purposes for Accessing Needed Information by the Agencies

Purpose of Accessing Information				
Purpose	(YES)	%	(NO)	%
Carry Out Survey	112	99.1	1	0.9
Make Decisions	113	100	0	
Know Prevalence Rate	93	82.3	20	17.7
Central Prevalence Rate	51	45.1	62	54.9
Compare & Contrast With Other States	113	100	0	
Others	-		-	

Fig 4.4 Purposes for Accessing Needed Information by the Agencies



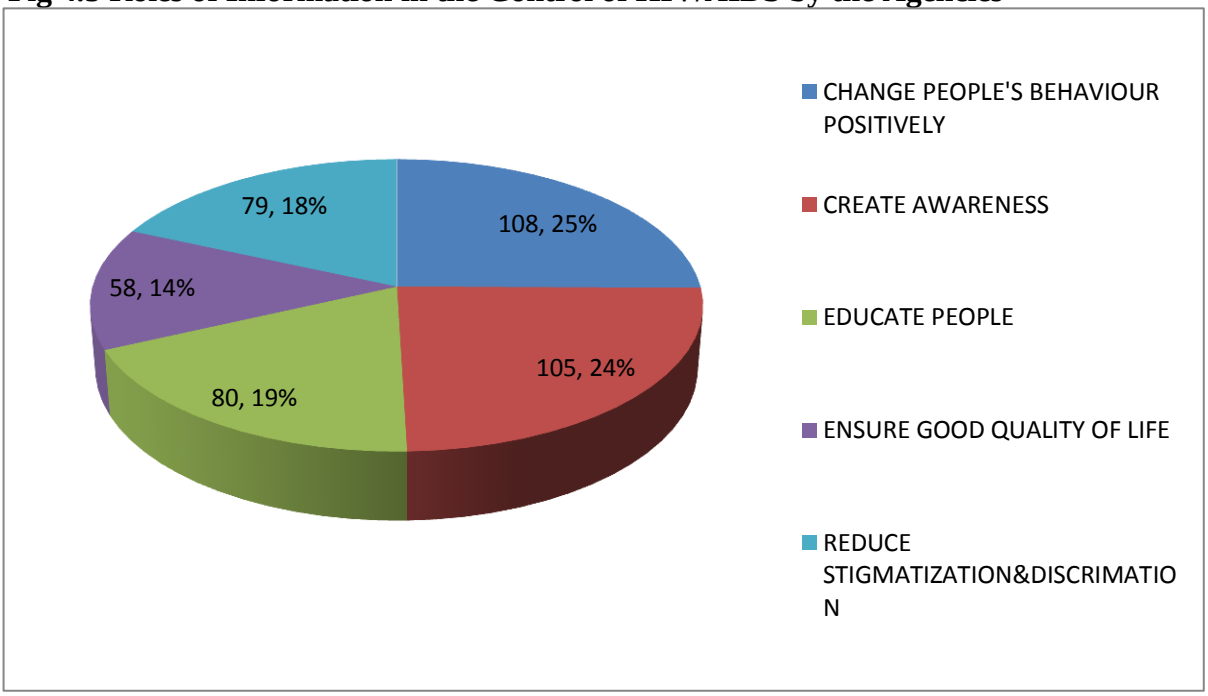
well as for taking decisions attracted 100% response. In addition, accessing information for carrying out survey (99.1%), for knowing HIV/AIDS prevalence rate (82.3%) and for the control of the prevalent rate (45.1%) featured prominently in that order. The pattern shown here about the purposes for accessing information by the agencies indicated that they accessed information mainly to fulfil their mandate of campaigning against the control of HIV/AIDS. In addition, the results revealed that the purposes for which the agencies accessed information were primarily centred on their core mandate. This finding is in line with that of

Grey Literature Network Service (2005) asserting that "access to HIV/AIDS treatment fact sheets, Pharmaceutical Company brochures, newsletters and other grey literature can be difficult... as potentially powerful information does not always make it into the hands of individuals and organization that could benefit from it."

Table 4.15 Roles of Information in the Control of HIV/AIDS

Roles of Information in HIV/AIDS Control				
Roles	(YES)	%	(NO)	%
Change People's Behaviour Positively	108	93.8	7	6.2
Create Awareness	105	92.9	8	7.1
Educate People	80	70.8	33	29.2
Ensure Good Quality Of Life	58	56.6	55	43.8
Reduce Stigmatization & Discrimination	79	77.0	34	23.0
Others	-		-	

Fig 4.5 Roles of Information in the Control of HIV/AIDS by the Agencies



From Figure 4.5, the wide-ranging purposes for information utilization by the agencies had served as a pointer to the roles of information in the control campaign of HIV/AIDS. Thus, in this Figure, information deployed in the control of HIV/AIDS served to change people's behaviour positively (93.8%), create awareness (92.9%), educate people (70.8%) and ensure good quality of life (56.6%). Also significant in this regard was the role of reducing stigmatization and discrimination (77.0%). These results are evident of the roles, which information, especially the effective and efficient deployment and discrimination, can play in HIV/AIDS control.

Table 4.16 Challenges of Information Accessibility and Utilization by the Agencies

Challenges	No of Respondents Yes	%	No of Respondents No	%
Inadequate Funding	111	(98. 2%)	2	(1. 8%)
Insufficient Trained Personnel	102	(90. 3%)	11	(9. 7%)
Lack of Government Commitment	100	(88. 5%)	13	(11. 5%)
Over-dependence on Donor Support	99	(87. 6%)	14	(12.4%)
Insufficient Equipment	91	(80. 5%)	22	(19. 5%)
Lack of Political Will and Commitment from Policy Makers	91	(80. 5%)	22	(19.5%)
Others	-		-	

Table 4.16 has shown the wide–ranging challenges faced by the Agencies in accessing needed information, the most prominent being inadequate funding (98.2%), insufficient trained personnel (90.3%), lack of government commitment (88.5%), and over-dependence on donor support (87.6%). Insufficient equipment/facilities and lack of political will and commitment from policy makers attracted 80.5% response each. This means that the agencies were beset with a number of constraints, which were bound to negatively affect their overall performance. The challenge of access to and utilization of health information was found by The Grey Literature Network Service (2005) to be that "potentially powerful information does not always make it into the hands of individuals and organizations that could benefit from it," thereby confirming, in print, the finding of this study.

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CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides the summary of the findings of the study, conclusions drawn, and appropriate recommendations made towards improving the present situation.

5.2 Summary of the Study

This study focused on access and use of information by State Agencies for the control of HIV/AIDS in North Central States of Nigeria. In order to achieve the objectives of the study, six research questions were generated. The review of relevant literature revealed that there was the need for easy accessibility and utilization of information by the Agencies for the control of HIV/AIDS in the States, so as to ensure proper control of the scourge. The survey research method was adopted. The study population consisted of the entire Field Officers who were made up of Project Managers, Monitoring and Evaluation Officers, Communication and Mobilization Officers, Line Ministries, Local Action Committees on AIDS and Ward Action Committee on AIDS.

The entire Field Officers' staff (120) constituted the study's subjects. The instruments used for collecting data for the study included the questionnaire, interview and personal observation. The questionnaire administered was in four parts. Part A, Bio-Data on the respondents, in terms of their gender, qualifications and years of experience. Part B asked questions on the types of sources of information available for the control of HIV/AIDS by the State Agencies while Part C consisted of questions on availability of information needed by the Agencies, and Part D were questions on accessibility and utilization of information for the control of HIV/AIDS by the Agencies. The data collected for the study were presented and

analyzed using descriptive statistics, bar chart, pie charts, histograms, frequency distribution tables and percentages.

5.3 Summary of the Findings

Arising from the analysis of the data presented in Chapter Four, the following is the summary of the major findings:

1. That Medical Health Centres (89.4%), Ministries of Health (88.5%), and NACA/SACA/NGOs and FBOs offices (86.7%), as well as meeting of stakeholders (76.1%), were the major sources of information available for the control of HIV/AIDS used by the Agencies in the North Central States of Nigeria. However, the conventional media of information such as the radio, television and newspapers (19.5%) were not adequately available and utilized by the Agencies. Libraries and information centres (27.4%) also appeared among the least adequately available and utilized sources of information for the control of HIV/AIDS. Thus, appropriate Library and Information Services tailored towards the realization of the Agencies' mandate should be considered

2. That the commonest information tools and strategies deployed for the control of HIV/AIDS by the agencies included the Nigerian National Response Information Management Systems (98.2%) and Prevention of Mother-to-Child transmission information (88.5%). However, other information tools like HIV Counseling and Testing (HCT) (49.6%), and HIV Management Information System (46.0%), were not commonly used.

3. That HIV/AIDS Testing Reports (94.7%), People's response to the services (92.0%), and People affected by HIV/AIDS (85.8%) provided the widest range of information needs of the agencies for the control of HIV/AIDS. However, the Checklist Reports (27.4%) were not found to be as important as the information needed by the agencies.

4. The study also revealed that HIV/AIDS Counselling Reports (80.5%) appeared to be the most readily available needed information to the agencies. Laboratory Reports (84.1%) and HIV/AIDS Testing Reports (94.7%) were found to be readily available, while People's Responses to the Services (92.0%) and People Affected by HIV/AIDS (85.8%), as well as Checklist Reports (27.4%) were not found to be readily available.

5. That the most significant purposes of information utilization by the agencies were for decision-making (97.3%), planning for future development (92.9%), as well as use of hospital services (97.8%). However, correcting mistakes (51.3%) and sharing information (32.7%) were not found to be important purposes of information utilization by the agencies.

6. The study also revealed that the agencies were largely satisfied with information accessibility and utilization at NACA (14.2%), SACA (11.5%), and Ministries of Health (12.4%), for the control of HIV/AIDS, its core mandate. However, the agencies were not satisfied with information accessibility and utilization for the control of HIV/AIDS at Ministries of Information (9.7%) and in libraries and information centres (13.3%). This situation should be checked by providing library and information services to these Agencies to complement their current efforts.

5.4 Conclusion

Arising from the summary of the findings of the study presented above, this study concluded that, although information remains a veritable tool in the control campaign against the rising wave of HIV/AIDS scourge in the North Central States of Nigeria, the challenges confronting the agencies for the control would continue to hinder the optimum realisation of their mandates. However, conventional media of information communication like the radio, television, newspapers, as well as libraries and information centres were not adequately available and utilized by the agencies.

Such effective information tools like HIV Counselling and Testing (HCT) and HIV Management Information Systems were not commonly utilized by the agencies. Finally, Checklist Reports, used for accessing information by the agencies were not readily available and, therefore, not as important as information needed. Thus, the agencies were largely dissatisfied with the information accessibility and utilization for the control of HIV/AIDS.

5.5 Recommendations

Arising from the findings and conclusion of this study, the following recommendations are made:

1. Government should ensure that the sources of information are available for the control of HIV/AIDS so as to enhance utilization by the State Agencies in the North Central States and in Nigeria generally. To achieve this, there is the need for regular and adequate funding provision to the Agencies while the provided funds should be judiciously managed to ensure that the identified sources of information are made available to the Agencies.
2. There should be increased availability of information tools required for carrying out their duties by the Agencies Management for the control of HIV/AIDS by the State

Agencies in the North Central States. All the necessary tools which are currently in short supply should be provided by the Management of these Agencies in the States studied.

3. The Agencies' Management should conduct regular and comprehensive studies on their Agencies' information needs. This is imperative because the correct understanding of their needs remained a pre-condition to making available and accessible these required information sources for the control efforts.
4. The Agencies should as matters of urgency establish Information Centres in their State Offices. This would ensure that a more systematic and professional information acquisition, processing, retrieving and utilization are facilitated. This will, no doubt, go a long way to further boost the success of the Agencies in realizing their mandates.
5. Conventional media of information communication like radio, television, newspapers, as well as libraries and information centres should be made available for full utilization by the Agencies. The respective governments should increase funding provided for the agencies involved in the control of HIV/AIDS programmes at all levels of governance in the North Central States in particular as well as in Nigeria in general.
6. Over dependence on donors (mostly external) should be discouraged so as to ensure success in the control efforts by all tiers of government in Nigeria. This is because most donations, especially external ones, always come with unfavourable conditions/strings attached. More often than not, these conditions are counter-productive.
7. For Nigeria to provide an effective grassroots response to the HIV/AIDS epidemic, it will be partly through the strengthening of the local government sector. The Local

Government response seriously needs strengthening if the HIV/AIDS messages are to reach most/majority of the Nigerian citizens.

8. Libraries should collaborate with the State Agencies for the control of HIV/AIDS by educating users and organizing awareness as well as outreach services in collaboration with NGOs on the subject of HIV/AIDS to fight against this scourge.

5.5 Suggested Areas for Further Studies

1. This study only covers access and use of information by state agencies for the control of HIV/AIDS in North Central States of Nigeria. Hence, there is the need for a comprehensive study to be carried out in other geopolitical zones and all over Nigeria.

2. There should be a study on "The Roles of Libraries in the Control of HIV/AIDS in Nigeria or any Geo-Political Zone of the Country".

3. There should be a study on Collaboration between Libraries and HIV/AIDS Control Agencies in Nigeria.

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APPENDIX I

QUESTIONNAIRE ON ACCESS TO AND USE OF INFORMATION BY STATE AGENCIES FOR THE CONTROL OF HIV/AIDS IN NORTH CENTRAL STATES OF NIGERIA

Department of Library and Information Science,
Faculty of Education,
Ahmadu Bello University, Zaria.

October 10, 2011.

Dear Sir/Madam,

I am a graduate student in the above named Department carrying out a research titled "Access and Use of Information by State Agencies for the Control of HIV/AIDS in North Central States of Nigeria."

The information requested for is purely for academic research purpose and shall be treated in strict confidentiality. Please help to respond honestly to the questions since the identity of each respondent is not required.

Thank you in anticipation of your cooperation.

Researcher.

ADENIRAN, Comfort Olushola.

APPENDIX II

Department of Library and Information Science
Ahmadu Bello University, Zaria

Questionnaire for Staff of State Agencies in the North Central States of Nigeria for Access and Use of Information for the Control of HIV/AIDS

Instruction: Please tick where applicable [ ]

SECTION A

Bio – Data

1. Gender:
   a. Male [ ]
   b. Female [ ]

2. Highest educational qualification
   a. O' Level [ ]
   b. OND [ ]
   c. HND [ ]
   d. First Degree [ ]
   e. Masters Degree [ ]
   f. Ph. D [ ]
   g. Others (Please specify) ----------

3. Years of Experience
   a. 0 – 10 [ ]
   b. 11 – 20 [ ]
   c. 21 – 30 [ ]
   d. 30 and above [ ]

SECTION B

Types of sources of Information available for the control of HIV/AIDS by the State Agencies

4. What are the sources of information available for the control of HIV/AIDS used by the agency? (Tick as many as are applicable)

a. Medical Health Centres [ ]
ii. At the Agency Bulletins [ ]
iii. Meeting of Stakeholders [ ]
iv. Ministries of Health [ ]
v. Workshops. Seminars, and Conferences [ ]
vi. NACA, SACA, NGOs and FBOs offices [ ]
vii. Posters and Journals [ ]
viii Newspapers Radio and Television [ ]
ix. Libraries and Information Centres [ ]

5. What are the information needs of your agency for the control of HIV/AIDS? (Tick as many as are applicable)

i People's response to the services [ ]
ii Laboratory reports [ ]
iii People affected by HIV/AIDS [ ]
iv Checklist reports [ ]
v. HIV/AIDS Counseling reports [ ]
vi. HIV/AIDS Testing reports [ ]
vii Others (specify)----------
x. Others (specify) [ ]

6. Which of the following information tools are deployed for the control of HIV/AIDS at the agency? (Tick as many as are applicable)

i Nigerian National Response Information Management System for HIV/AIDS [ ]

ii. HIV Management Information System (HMIS) [ ]

iii. Reports from Ophthalmology tools [ ]

iv Consent form for operation information [ ]

v HIV Counseling and Testing (HCT) information [ ]

vi Home Based Care (HBC) information [ ]

vii Orphans and Vulnerable Children (OVC) information [ ]

viii Prevention of Mother to Child Transmission (PMTCT) information [ ]

ix Anti Retroviral Therapy (ART) information [ ]

x Others (specify) ----------

SECTION C

Availability of Information Needs by the State Agencies for the control of HIV/AIDS

7. How readily available to your agency are such needed information?

(Tick the appropriate responses)

Reports	VRA	RA	A	RA	VRA	OS
Laboratory reports						
HIV/AIDS counseling						
HIV/AIDS testing						
Check list report						
People affected by HIV / AIDS						
People's responses to the services						

i Very readily available - VRA

ii Readily available - RA

iii Available - A

iv Rarely available - RA

v Very rarely available - VRA

vi Others (specify) - OS

8. How relevant are the available information to achieving the goals of your agency?

(Tick the appropriate responses)

Agencies	Very relevant	Relevant	Fairly relevant	Not relevant	Not Very relevant
Medical Health Centres					
At the Agency Bulletin					
Meeting of Stakeholders					
Ministries of Health					
Workshops, Seminars and Conferences					
NACA, SACA, NGOs and FBOs offices					
Posters					
Journals					
Libraries and Information Centres					

9. Which of the following sources of information are used by your agency? (Tick as many as are applicable)

i. Medical Health Centres [ ]
ii. At the Agency Bulletin [ ]
iii. Meeting of Stakeholders [ ]
iv. Ministries of Health [ ]
v. Workshops, Seminars and Conferences [ ]
vi. NACA, SACA, NGOs and FBOs offices [ ]
vii. Posters [ ]
viii. Journals [ ]
ix. Libraries and Information Centres [ ]
x. Others (specify) ----------

SECTION D

Accessibility and Utilization of Information for the control of HIV/AIDS by the Agencies

10. What are the different ways of accessing information? (Tick as many as are available)

i.	Internet	[ ]
ii.	Photocopying and Print out	[ ]
iii.	Catalogue	[ ]
iv.	File folder	[ ]
v.	Journals	[ ]
vi.	Bulletins	[ ]
vii.	Posters	[ ]
viii.	Seminars, Conferences and Workshops	[ ]
ix.	Libraries and Information Centres	[ ]
x.	Others (specify)_____	

11. Where do you access information for the control of HIV/AIDS?
(Tick as many as are applicable)

i	At the facility base	[ ]
ii	At SACA	[ ]
iii	At Ministries of Health	[ ]
iv	At Centres where HIV/AIDS services are available	[ ]
v	Libraries and Information Centres	[ ]
vi	Others (specify) ----------	

12. Please indicate how frequently you access information (Tick as many as are applicable)

i	Daily	[ ]
ii	Weekly	[ ]
iii	Fortnightly	[ ]
iv	Monthly	[ ]
v	Quarterly	[ ]
vi	Bi – Annually	[ ]
vii	Annually	[ ]
viii	Others (specify) ----------	

13. For what purpose(s) do you access information? (Tick as many as are applicable)

i To carry out survey [ ]

ii To make decisions [ ]

iii To know the prevalence rate [ ]

iv To combat/control the prevalence rate [ ]

v To compare and contrast with other states [ ]

vi Other (specify) ----------

14. What are the challenges faced by the agency with regard to access to information? (Tick as many as are applicable)

i Inadequate funding [ ]

ii Insufficient equipment [ ]

iii Insufficient trained personnel [ ]

iv Over-dependence on donor support [ ]

v Lack of government commitment [ ]

vi Lack of political will and commitment from policy makers [ ]

vii Others (specify) ----------

15. For what purpose(s) do the agencies utilize information? (Tick as many as are applicable)

i To encourage the victims [ ]

ii To allay their fears [ ]

iii Assessment of services rendered by the heath care providers [ ]

iv Utilization of hospital services [ ]

v To take decisions [ ]

vi For sharing information [ ]

vii To evaluate performance [ ]

viii To correct mistakes [ ]

ix To plan for future development [ ]

x. Others (specify) ----------

16. What are the roles of information in the control of HIV/AIDS?
(Tick as many as are applicable)

i To change people's behavior positively [ ]
ii To create awareness [ ]
iii To educate people of what they ought to know [ ]
iv To ensure good quality of life [ ]
v To reduce stigmatization and discrimination [ ]
vi Others (specify) ----------

17. How satisfied are the agencies with the accessibility and utilization of the available information for the control of HIV/AIDS? (Tick as many as are applicable)

Agencies	Very satisfactory	Satisfactory	Fairly satisfactory	Not satisfactory	Not Very satisfactory
Health Centres					
NACA					
SACA					
Ministries of Health					
Ministries of Information					
Library and Information Centres					
NGOs/ FBOs					