
**A STUDY ON HEALTH INFORMATION NEEDS, INFORMATION
SEEKING BEHAVIOUR AND INFORMATION SOURCES OF MARKET
WOMEN IN OFFA METROPOLIS, KWARA STATE**

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Abstract

This study investigated health information needs, information seeking behaviour and information sources of market women in Offa metropolis, Kwara State. The study adopted a descriptive survey design. The population was drawn from nine (9) different trades among market women in Owode and Oja ale Market in Offa local government with a total population of 1080. The study adopted simple random sampling techniques from which a sample size of 324 market women was drawn using the 30% of the population. The major instrument used for data collection was questionnaire. A total of 324 copies of questionnaires were sent out, from which 300 copies were returned and found to be valid and fit for analysis. The data were analyzed using descriptive frequency table with the aid of Statistical Packages for Social Sciences (SPSS). The study established among others that the major health information need of market women are on malaria, body pains, cholera, cold and cough; market women source information mostly from friends and family, nurses, and people with similar illness. The study concluded that market women needed various health information but sort to cure themselves using old therapies known to them without recourse to the evolution of the illness. The study recommends that government should establish agencies that will regularly visit market places to attend to different health information needs of market women; libraries should create awareness on their information materials; price of consultation and treatments should be subsidized among others.

KEYWORDS: Health, Information, Health Information, behaviour, Information Needs, Information Seeking Behaviour, Information Sources, Market Women

Introduction

Information is a major resource that is needed in every sphere of life endeavor especially in health matters (Ugboma, 2010). Health information is a vital resource for individuals who according to World Health Organisation (2008) seek information for as varying reasons as mere curiosity, self-diagnosis and analyzing and evaluating treatment for health. Admittedly, information that is needed to study changes in women's health status is either inadequate or unavailable. The quality of the decision made at any given time depends to a large extent on the type of information made available to the user.

Corragio (2011) argued that information must be considered as a resource, that which can be manipulated. One of the cardinal groups which require information to progress is that of traders. As traders, income earners, mothers and family caretakers, women are a critical link in achieving food security. Information is critical in their businesses as well as everyday life

(Government Republic of Kenya and United Nations International Children's Emergency Fund, 1988).

Health Information Seeking Behavior (HISB) is broadly viewed as the ways by which individuals obtain information about health, illness, health promotion and risks to health (Lambert & Loisel, 2007). Public health literacy seems to be confusing. People read a lot of promotional material but they do not understand it completely. Background knowledge of individuals is different. There is not enough time to discuss with physicians and pharmacists about all "marginal" questions which can turn out to be very important (Nada & Mirjana, 2015).

Abdulsalami, Lucky and Paulina (2013) Information could be defined as a processed data and figure that are sourced from various sources and are found useable for decision making. It is the communication or reception of knowledge or intelligence; it could also be defined as knowledge obtained from investigation, study or instruction. Information is the basic material for the decision making process. People need information, right from the organizational level to the personal level, from the highly educated and experience person to school children, from a very famous person to an ordinary person, for taking the right decision in every step of life.

Access to information has been recognized in the Sustainable Development Goals (SDGs) as a target under Goal 16: promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels; and Target 16.10 to ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements. Culture (target 11.4) and ICT (targets 5b, 9c, 17.8) have also been included in the SDGs. Half of the world's population lacks access to information online. In the knowledge society, libraries provide access and opportunity for all (IFLA, 2016).

Hossain and Islam (2012) opined that market women also, lack access to health information resources and ability to access Information and Communication Technology. These same market women are isolated from getting access to information resources that they would need to make their lives better. They have no time to seek information or to get into educational programs, even if those programs are available (Corragio, 2011). According to the Global Health Council, "the health of families and communities are tied to the health of women, the illness or death of a woman has serious and far-reaching consequences on the health of her children, family and community (Corragio, 2011).

Markets are created as a source of obtaining goods and services that will satisfy the people's needs and wants, the number of people in a market determines the potential buyers and the size of the market for that item. Markets environment is characterized by high rate of changes in the business world. Market women are the traders that directly or indirectly dependent on proceed of the market income for its livelihood on the proceedings of the market sales. They are involved in a lot of activities of which business transaction constitute greater percentage. For market women to effectively and successful carry out business enterprises, information is needed (Abdulsalami, Nwachukwu & Salami 2015).

Lack of information communication creates such situations that produce medical errors, which are common in health facilities. This situation has the potential to cause miss-diagnosis, wrong treatment, increase multi drug resistance, severe injury and unexpected patients death (Dubow & Chetley, 2011). Studies in developing Countries such as Kenya have revealed that several factors such as cost, past success, accuracy, reliability, comprehensiveness, usefulness, currency, response time, accessibility, technical quality, and format influence information seeking behaviour of health professionals (Davies, 2007).

Statement of Problem

Market in Offa metropolis are mostly patronized by people from different location within Kwara state comprising Erin-ile, Ijagbo, Oyun, Irra and so on. The status of this market makes it important that the flow of information in the market supposed to be without hindrance. Offa as a whole has been home of Academia, there are many educational and academic institutions in Offa therefore, information especially on health is of paramount importance to the market women as to know their needs on health related issues. It has been observed by the researcher that most market women in offa do not have access to health information since they have no radio, television, and majority could not read nor write, they have no access to information through newspaper. They only depend on information given by their colleagues orally. Base on this, the study therefore looks the types of health information need, its sources and how they will access such information.

Objectives of the study

The main objective of this study is to understand the health information needs and information seeking behaviour and information sources of market women in Offa metropolis. The specific objectives of the study are to:

1. identify the health information needs of market women in Offa metropolis
2. find out the sources of health information used by market women in Offa metropolis
3. investigate how market women seek information in Offa metropolis
4. identify the challenges faced by market women when seeking health information in Offa metropolis

The following research questions were addressed:

1. What are the health information needs of market women in Offa metropolis ?
2. What are the sources of health information used by market women in Offa metropolis?
3. How do market women seek information?
4. What are the challenges faced by market women when seeking health information?

Literature Review

There are various forms of information; some have identified information with records of facts, others with the content of text, still others with the experience stored in human mind. In a study done by Nwangwu and Ajama (2011) in a Northern Nigerian rural community where a picture was presented about the information needs of rural women. The study showed that health information constituted 20 percent of the information needs of rural women, and the paramount health information required were ante-natal and post-natal care; immunizations especially on the six childhood killer diseases; how to prevent and manage Vascular Virginal Fistula; and how to secure safe child delivery.

The concern about market women, particularly in developing countries, relates to their literacy rates, poverty, and vulnerability to diseases and social inequalities, despite their critical role in development (Kongolo & Bamgose, 2010). Provision of adequate and timely health information is critical to empowering women in developing countries. Women seek health information for themselves and their families (Harris, Wathen & Fear, 2006). Health information is critical in health care delivery and health promotion, as it provides the direction and rationale for positive health behaviours, facilitates efficient treatments, and enhances proper decisions on health matters (Kreps, 2005). According to Saleh and Lasisi (2010), health information constitutes

20% of the information needs of rural women in Northern Nigeria. Usually, reproductive health information constitutes a large proportion of these health information needs.

In Nigeria, the use of the mobile phone in addressing reproductive health challenges has been investigated by Akinfaderin-Agarau, Chirtau, Ekponimimo and Power (2012), who found that, while there is high access to mobile phones among adolescent girls and young women, their access to mobile sexual reproductive information and services is low. It was found that the major barriers to the utilization of the mobile phone for reproductive health information are the cost of the services and lack of awareness. Similarly, Olatokun and Adeboyejo (2009), investigating the use of ICT by reproductive health workers (RHWs) in University College Hospital Ibadan, Nigeria, found extensive use of ICT among them. However, a major challenge to utilisation was erratic public power supply.

Information seeking behavior plays a critical role in women's effort to cope with the day to day concerns associated with home activities. For any marketer to source for any information there must be information seeking behavior. Information seeking behavior is the activity undertaken to identify a message that solves or satisfies a perceived need. Ikoja –Odonga (2004) shows that there is already a models and schemes describing human information seeking behavior in his research, the question soliciting information on sources received that entrepreneurs largely depends on their immediate surrounding as a first step for information. Anster (2002) conceptualize information seeking behavior as an area that concerns itself with who needs, what kind of information and or what reasons, how information is found, evaluated and used and how these needs can be identified and satisfied.

Saleh (2011) states that, the most paramount health information required is ante-natal and postnatal care, how to safely deliver pregnancy and immunizations especially on the six childhood killer diseases which are polio, whooping cough, tetanus, diphtheria, measles and tuberculosis. It has been observed by MOH (2010) that Nigeria has developed a well-integrated health information system providing information for evidence based planning within the health sector. Health information is a major component of health promotion. The definition of health information itself suggests that health information increases the awareness and favorably influences attitudes and knowledge related to the improvement of health on a personal or community basis (Dart, Gallois & Yellowlees, 2008).

However, it has not been easy communicating new ideas to poor, illiterate and secluded women, therefore, activities promoting communication about population issues should be undertaken. It is important that communication activities directed to them continue to rely on traditional media and interpersonal, door-step contacts among some of the sources of information that can be used to convey maternal information to the women. Lurie (2010) also affirms that low levels of literacy and the understanding of medical information constitute barrier to health information seeking. Factors contributing to this increased demand include demographic changes, higher education and literacy levels, increasing competence with new technologies and increasing demands for informed choice. Other factors include the increase in popularity of participative health care models, the overwhelming volume of health information available for doctors, limited consultation times, an emphasis on self-care and prevention, and a growing interest in alternative medicine (Cotton & Gupta 2010).

Methodology

This study adopted the survey design methodology. The population of this study therefore comprised of registered market women in two major markets in Offa. The market includes

majorly “Owode market” and “Oja Ale”. The study will cover market women in all sort of trade in the selected in the market. The total population is put at 1080. A stratified random sampling was adopted. The population was divided into twelve (9) strata according to their trade types. A sample of 324 registered market women which represented 30% of the total population was be chosen from the identified nine (9) different trades, which is in line with the recommendation of Borg, Galland Gall (2007) who stated that a minimum of 10% of the population can be used as sample size of population of few thousands. Stratified random sampling was used to determine the number of market women to be used.

A set of questionnaire was sent to market women in Owode market and Oja Ale. Out of the 324 questionnaires sent out, 300 questionnaires were returned. This represent 92.6% return rate.

Analysis

Table 1: Marital Status

Status	Frequency	Percentage (%)
Widow	35	11.7
Divorced	25	8.3
Married	153	51.0
Single	87	29.0
Total	300	100.0

Table 1 shows that 153(51%) respondents are married, 87(29%) respondents are single, 35(11.7%) respondents are widow while 25(8.3%) respondents are divorce.

Table 2: Age of respondents

Age	Frequency	Percent
36 - above	86	28.7
31 - 35 years	99	33.0
25-30 years	62	20.7
20-25 years	53	17.7
Total	300	100.0

Table 2 shows that 99(33%) respondents are within age of 31 – 35, 86(28.7%) respondents are within age bracket of 36 - above, 60(20.7%) respondents are within age of 25 – 30 years while 53(17.7%) respondents are within the age of 20 - 25 years.

Table 3: Highest Level of Education

Qualification	Frequency	Percent
Others	3	1.0
None	18	6.0
Bachelor degree	36	12.0
ND/NCE	111	37.0
Secondary school certificate	112	37.3
Primary school certificate	20	6.7
Total	300	100.0

Table 3 shows that 112(37.2) respondents had secondary school certificate, 111(37%) respondents had ND/NCE, 36(12%) respondents had Bachelor degree, 20(6.7%) respondents had primary school certificate, 18(6%) respondents had no qualification while 3(1%) respondents had other qualification.

Table 4: Health Information Needs of Market Women in Offa local government

Items	SA	A	D	SD	Total
Malaria	123(41%)	146(48.7%)	28(9.3%)	3(1%)	300(100%)
Body pains	146(48.7%)	128(42.7%)	23(7.7%)	3(1%)	300(100%)
Skin diseases	77(25.7%)	112(37.3%)	75(25%)	36(12%)	300(100%)
HIV/AIDS	71(23.7%)	113(37.7%)	63(21%)	53(17.7%)	300(100%)
Cholera	92(30.7%)	93(31%)	73(24.3%)	42(14%)	300(100%)
Diabetes mellitus	93(31%)	100(33.3%)	76(25.3%)	31(10.3%)	300(100%)
Typhoid	136(45.3%)	83(27.7%)	59(19.7%)	22(7.3%)	300(100%)
Pox (small, chicken, cow)	36(12%)	68(22.7%)	157(52.3%)	39(13%)	300(100%)
Infertility	63(21%)	81(27%)	122(40.7%)	34(11.3%)	300(100%)
Cough and cold	57(19%)	107(35.7%)	92(30.7%)	44(14.7%)	300(100%)
Family planning	46(15.3%)	124(41.3%)	93(31%)	37(12.3%)	300(100%)
Pregnancy care	66(22%)	149(49.7%)	50(16.7%)	35(11.7%)	300(100%)
Hypertension	64(21.3%)	99(33%)	80(26.7%)	57(19%)	300(100%)

Table 4 depicts the various health information needs of market women in Offa local government. It was revealed that market women agree to need the following health information on Malaria (89.75%), Body pains (91.4%), Skin diseases (63%), HIV/AIDS (61.4%), Cholera (61.7%), Diabetes mellitus (64.3%), Typhoid (73%), Cough and cold (54.7%), Family planning (56.6%), pregnancy care (71.7%) and hypertension (54.3%). Meanwhile, it was discovered that 196(65.3%) respondents disagree to need health information on Pox (small, chicken, cow); and 156(52%) respondents disagree to need health information on infertility.

Table 5: Sources of Health Information Used by Market Women in Offa Local Government

Items	SA	A	D	SD	Total
Friends and family	128(42.7%)	147(49%)	22(7.3%)	3(1%)	300(100%)
Health professionals	123(41%)	157(52.3%)	15(5%)	5(1.7%)	300(100%)
Nurse/physician	130(43.3%)	131(43.7%)	28(9.3%)	11(3.7%)	300(100%)
Newspapers	71(23.7%)	119(39.7%)	85(28.3%)	25(8.3%)	300(100%)
Radio	88(29.3%)	129(43%)	51(17%)	32(10.7%)	300(100%)
Television	73(24.3%)	139(46.3%)	59(19.7%)	29(9.7%)	300(100%)
People with same illness	60(20%)	129(43%)	92(30.7%)	19(6.3%)	300(100%)
Market association	65(21.7%)	107(35.7%)	94(31.3%)	34(11.3%)	300(100%)
Internet	36(12%)	68(22.7%)	157(52.3%)	39(13%)	300(100%)
Library	36(12%)	68(22.7%)	157(52.3%)	39(13%)	300(100%)
Community leader	50(16.7%)	131(43.7%)	87(29%)	32(10.7%)	300(100%)
Religious leader	94(31.3%)	34(11.3%)	65(21.7%)	107(35.7%)	300(100%)
Local government	36(12%)	68(22.7%)	157(52.3%)	39(13%)	300(100%)

Table 5 shows the sources of health information used by market women in Offa local government. It was revealed that over 50% of the respondents agree to use the following as source of health information need: family and friends (91.7%), health professionals (93.3%) nurse/physician (87%), Newspaper (64.4%), Radio (72.3%), Television 70.6%), people with similar illness (63%), market association (57.4%), community leader (60%). Meanwhile, 196(65.3%) respondents disagree to use internet and library as a source of health information; 172(57.4%) respondents disagree to consult religious leaders for health information and 196(65.3%) respondents do not obtain health information from local government or its officials.

The study revealed that the sources of health information needs by market women in Owode and Oja ale market include: Friends and family, health professionals, nurse/physicians, newspapers, radio, television, people with similar illness, market association and community leaders. Also discovered was that market women do not obtain information from the internet, library, religious leaders and local government.

Table 6: Methods of Seeking Health Information by Market Women

Items	SA	A	D	SD	Total
Self-administration of known herbal medicine	113(37.7%)	159(53%)	25(8.3%)	3(1%)	300(100%)
Public health centres	132(44%)	160(53.3%)	8(2.7%)	-	300(100%)
General hospitals	151(50.3%)	108(36%)	35(11.7%)	6(2%)	300(100%)
Private clinic and doctors	153(51%)	104(34.7%)	36(12%)	7(2.3%)	300(100%)
Traditional healer	106(35.3%)	105(35%)	75(25%)	14(4.7%)	300(100%)
Chemist shop	121(40.3%)	157(52.3%)	10(3.3%)	12(4%)	300(100%)
Drug sellers (Hawkers)	105(35%)	153(51%)	32(10.7%)	10(3.3%)	300(100%)
Local Herb Hawkens	68(22.7%)	154(51.3%)	65(21.7%)	13(4.3%)	300(100%)
Radio	58(19.3%)	153(51%)	56(18.7%)	33(11%)	300(100%)
Television	77(25.7%)	127(42.3%)	61(20.3%)	35(11.7%)	300(100%)
Posters	53(17.7%)	112(37.3%)	103(34.3%)	32(10.7%)	300(100%)
Handbill	41(13.7%)	139(46.3)	87(29%)	33(11%)	300(100%)
Women Organizations	63(21%)	122(40.7%)	79(26.3)	36(12%)	300(100%)
Libraries	33(11%)	56(18.7%)	58(19.3%)	153(51%)	300(100%)

Table 6 depicts the methods of seeking health information by market women in Offa local government. It was revealed that 272(90.7%) respondents agree to self-administration of known herbal medicine, 292(97.3%) respondents agree to public health centres, 259(86.3%) respondents agree to seek health information from general hospitals, traditional healer (70.3%), chemist shop (92.6%), drug sellers (86%), local herb hawkens (74%), Radio (70.3%), Television (68%), posters (55%), handbill (60%) and women organizations (61.7%). Meanwhile, 211(70.3%) respondents disagree to using libraries to seek health information.

Table 7: Challenges faced by Market Women when Seeking Health Information

Options	SA	A	D	SD	Total
Public health centres are too far	74(24.7%)	138(46%)	76(25.3%)	12(4%)	300(100%)
Most of the services are expensive	116(38.7%)	108(36%)	60(20%)	16(5.3%)	300(100%)
There is no time to consult hospitals	83(27.7%)	108(36%)	85(28.3%)	24(8%)	300(100%)
Lack of education among women	47(15.7%)	27(9%)	68(22.7%)	158(52.7%)	300(100%)
Lack of information and awareness	65(21.7%)	148(49.3%)	62(20.7%)	25(8.3%)	300(100%)
Lack of mass media sources	50(16.7%)	108(36%)	121(40.3%)	21(7%)	300(100%)
Inability to read some health information sources	79(26.3%)	26(8.7%)	57(19%)	138(46%)	300(100%)
Language barrier	56(18.7%)	117(39%)	99(33%)	28(9.3%)	300(100%)
Poor economic status	91(30.3%)	123(41%)	59(19.7%)	27(9%)	300(100%)
Inadequate power supply to listen to mass media	128(42.7%)	49(16.3%)	42(14%)	81(27%)	300(100%)

Table 7 depicts the challenges faced by market women when seeking health information. It was discovered that over 50% of the respondents agree to the following as challenges faced when seeking health information: public health centres are too far (70.7%), most of the services are expensive (74.7%), there is no time to consult hospitals (63.3%), lack of information and awareness (71%), lack of mass media sources (52.7%), language barrier (57.7%), poor economic status (71.3%) and inadequate power supply to listen to mass media (59%). Meanwhile, 226(75.4%) respondents disagree with lack of education among women as a challenge faced by market women when seeking health information since majority of the market women had gone to secondary and higher institution and 195(65%) respondents disagree to inability to read some health information sources as a one of the challenges facing market women when seeking health information.

Findings

Based on the data analyzed, the findings are discussed below as guided by the research questions:

1. The study finds out that the market women and Owode and Oja ale market are educated. They went for higher institution of learning in order to add to their educational status.
2. The study further revealed that the major health information need of market women in Owode and Oja ale market of Offa Local government are information on Malaria, body pains, skin diseases, HIV/AIDS, Cholera, Diabetes mellitus, typhoid, cough and cold, family planning, pregnancy care and hypertension. Most of this health information needs arise as a result of the nature of occupation of various individuals. Also, it was revealed that market women do not need information on pox and infertility.
3. The study revealed that the sources of health information needs by market women in Owode and Oja ale market include: Friends and family, health professionals, nurse/physicians, newspapers, radio, television, people with similar illness, market

association and community leaders. Also discovered was that market women do not obtain information from the internet, library, religious leaders and local government.

4. The findings of the study further revealed that the methods of seeking information by market women include; self-administration of known herbal medicine, visiting public health centres, visiting general hospitals, traditional healers, chemist shops, drug sellers, local herb hawkers, radio, television, posters, handbill and women organizations. It was further revealed that libraries have not been duly consulted for health information, which may be as a result of lack of awareness on the part of the libraries.
5. The study also revealed the challenges facing market women in seeking health information include: the far citing of public health centres, expensive services, lack of time to consult hospitals, lack of information and awareness, language barriers, lack of mass media sources, poor economic status and inadequate power supply. Also, lack of education among women and inability of market women to read some health information are not regarded as challenges.

Conclusion

It emerged from the findings that market women in Offa local government needed information on known illness such as malaria, body pains etc. They decided to cure the illness by recycling their local knowledge about ill health conditions and rely on therapies they have devised over the years based on traditional and cultural ethos without any consciousness about nature of the diseases. The situation was complicated by the long distance and high cost of modern health care services, lack of information and awareness.

Recommendations

Based on the summary of findings, the following recommendations were put forward:

1. Government at local, state and federal should create more awareness on various health information which are specifically available for market women and equally provide means of accessing these information
2. Government should establish health agencies that will regularly visit market places to attend to different health information needs of market women
3. Health centre with health care practitioners should be situated to market places. This will enable the market women to visit the centre whenever they need health information
4. Libraries in the local and state level should be developed and increase the level of awareness on various information that could be of advantage to market women
5. Regular visitation to health centres should be publicized to market women. This will enable them to a grasp of any health related issue they might need and how to tackle them.
6. Also, at government hospitals, the price of consultation and treatment should be subsidized to accommodate market women needs

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