

ASSESSMENT OF INFORMATION ACCESSIBILITY AND UTILIZATION BY STATE AGENCIES FOR THE CONTROL OF HIV/AIDS IN NORTH CENTRAL STATES OF NIGERIA

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Abstract

This study investigated accessibility and utilization of information by State Agencies for the control of HIV/AIDS in the North Central States of Nigeria. It adopted the survey design and employed total enumeration technique to collect data from 120 field workers constituting study population and sample. Out of 120 copies of the questionnaire administered, 113 copies (94.2%) were used for data analysis. The study found that libraries did not feature prominently as sources of information available to the Agencies; they were restricted in terms of availability of needed information, hampering their success in carrying out their mandates. Information emanating from libraries and information centres were less relevance; internet, journals, seminars, conferences and workshops and bulletins were the common sources of health information on HIV/AIDS readily accessible by the agencies; the purposes of their utilization were for decision making, planning future development, and services assessment. Constraints encountered include inadequate funding, and insufficient trained personnel. The study therefore concluded that some challenges faced by the agencies continued hindering optimum realisation of their mandates. It recommended that the agencies should establish library and information centres in their State Offices to facilitate a more systematic information acquisition, processing, retrieving and utilization; among others.

Keywords: Accessibility, Utilization, State Agencies, HIV/AIDS, Information, North-central, Nigeria

Introduction

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 (Aina, Mutula & Tiamiyu, 2008). Information is processed and organized data for meaningful purpose, which could be in different forms or sources. No organization/ individual can exist without information by helping to extend and improve the quality of life and growth of individuals/organizations. Information, in itself, is of no value until someone has access to and uses it to solve problems or to meet one's needs. In fact, the essence of seeking information is primarily related to its demand and utilisation (Onifade & Popoola, 2015).

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, hence utilization. Thus, it is a vital commodity in every environment and its use is largely determined by its availability and accessibility. However, availability of an information source does not necessarily translate to its accessibility, because the source may be available but access to it is prevented for one reason or the other (Seth & Parida, 2006). 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 its provision and supply at the right quantity and time, while its utilisation refers to the practical and adequate use of resources and materials on information identified and acquired by user for the purpose as solving problem (Emasaelu, 2014). Therefore, accurate and credible information and its accessibility 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.

Access to, and utilization of, relevant information is critical to creating the desired awareness for the prevention and cure of HIV/AIDS. However, the challenge, according to Omagbemi (2004) was linking the information generated, which is capable of reducing the level of uncertainty according to Opeke (1995), with the people who need to live a better life. Therefore, the availability of information for every aspect of life helps to create awareness and makes life worthwhile. Hence, access and use of information by the populace is a necessity. Accessibility to information is highly crucial and should not be prevented by any situation either through the organization, processing, or means of dissemination. Its accessibility should not be hindered; as easy and good access to it will enhance utilization. This paper argues that availability and access to information is an empowerment tool fundamental to programmes such as HIV/AIDS, the environment, gender, crisis prevention and by extension underpins democratic governance.

REVIEW OF RELATED LITERATURE

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

HIV/AIDS infection is a worldwide health problem that affects about 34 million men and women. Nigeria, the tenth most populous country in the world and the most populous country in sub-Saharan Africa, has the second highest population of people (about 3 million) living with HIV/AIDS, after South Africa with about 5.6 million (Yusuf, et al, 2014). Acquired immune deficiency syndrome (AIDS) is a disease condition caused by infection of the human body by a retrovirus called the human immune deficiency virus (HIV) which destroys the body's CD cells. Depletion of the CD cell leads to immune deficiency state and an increased likelihood of the body's being invaded by opportunistic organisms. These organisms, which are ordinarily harmless to the human body, then become pathogenic and cause opportunistic infections. It is the opportunistic infections that reduce the quality of life of the individual and eventually result in death if treatment is not promptly and adequately provided (Nwabueze, 2012).

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 (2010) include, 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; among others.

To achieve these, the agencies have the responsibility to: 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 HIV/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 and facilitate collaboration for the management of HIV and opportunistic infections (NACA, 2010).

Imperatives of Information Sources for Health Information Accessibility and Utilization

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. The variation in the information required by different people

accounts for diverse sources being used to seek for it. Emasealu (2014) identified some of the diverse information sources in different formats available for use at any material time to include: textbooks, journals, e-resources, newspapers and magazines, reports and internet facilities. These information resources should be carefully selected, procured, organised, preserved and disseminated to the people living with HIV/AIDS.

Onohwakpor (2011) stated that many people are academically, socially, politically and economically backward today due to lack of information. Knowledge is expanded when right information is acquired. It was confirmed 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. Managing information is significant to coping with illness as well as communicative and cognitive activities like seeking, avoiding, providing, appraising, and interpreting information (Brasher, Goldsmith & Hsieh, 2002). 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.

Although, Onifade and Popoola (2015), posited that availability and timely access to information sources is indispensable to teaching and research into critical areas of life, such information however, must not only be available, adequate and accessible but must also be presented in a way that is acceptable to facilitate its acceptability and eventual utilization. The ability to deploy relevant information as a preventive means will be largely dependent upon unrestricted access and eventual utilization. Arising from the negative impact of HIV and AIDS epidemic on individuals, groups and the nation, there have 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.

The sources of information on HIV/AIDS are mostly from the media –both print and electronic and through regular reports on the social, economic and medical aspects of the scourge. Bii and Otiike (2003) further identified various sources like interpersonal means, mass media, print formats and non-print formats through which information could be obtained and studied the provision and accessibility of health information. It 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—radio, television, and newspapers; for their wide circulation and timely dissemination of information. The 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).

Libraries as Facilitators in Information Access and Use for the Control of HIV/AIDS

Generally, a library can be viewed as an institution involved in the dissemination of information and also acts as an intermediary between users and information that has been

created, organised and well stored for easy retrieval (Ajayi et al, 2015). Libraries provide essential infrastructure, largely in the form of reliable and well-document access to prior knowledge, data, the cultural record and other research materials necessary for teaching, learning and research processes (Kitso, 2010). Libraries also have an important role in the provision of health information. Indeed, 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.

To this end, the school and academic libraries where majority of our children and young adults are educationally and academically transformed have a major and significant role to play in creating awareness to prevent or curb the disease. Ajegbomogun and Ajegbomogun (2015) in Smith (2001) submitted that the school library is the backbone of functional education, without which educational excellence cannot be achieved. This is because the school library makes resources and services accessible and available to pupils, teachers and other school administration. Therefore, if such information is accessible, it stimulates the imagination of children and promotes their critical thinking. Ija (2004) stated that the library has an important role to play in modelling the society and the youth in particular. Information resources on HIV/AIDS in the libraries are not many when one searches the literature (Ajayi & Omotayo, 2010). Ghosh (2006) reported that information resources in libraries including health information resources are lacking in appropriateness and limited in number and not updated frequently.

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 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/social viewpoint. However, Edewor (2010) 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, in Nigeria. Thus, he suggested that to encourage the use of the library by PLWHA, efforts should be geared toward information repackaging to address specific needs.

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. 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 in information accessibility, hindering effective use. 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' as it is well positioned to collaborate with these agencies towards a common end, which is the focus of this study.

Statement of the Problem

Accessibility and utilization of relevant information are critical to a sustainable campaign for creating awareness of the HIV/AIDS scourge by the agencies responsible for its control in Nigeria. However, observations revealed that these agencies 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. Also, the Agencies, when in need of information, are often confronted with the challenge of obtaining relevant, accurate, and timely one, thus hindering its utilization.

Yet, there is no doubt that education for creating awareness about the scourge is of primary significance to the control of the pandemic; which means that the Agencies, at all levels, required smooth access to timely and relevant information for effective campaign. In addition, they seemed to have no 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 agencies in this regard, identify impediments to the control measures as well as suggesting appropriate remedies.

Objectives of the Study

The main objective of this study is to evaluate the level of information accessibility and utilization by State Agencies for the Control of HIV/AIDS in North Central States of Nigeria. Specific objectives are to:

- i. identify the various information sources and needs of the agencies for the control of HIV/AIDS in the North Central States of Nigeria;
- ii. find out the availability of needed information to the agencies;
- iii. determine the degree of relevance of needed information from the various sources;
- iv. ascertain the information sources accessible to the agencies and the purpose for which they are accessed and utilized; and
- v. identify challenges of accessibility and utilization by the agencies.

RESEARCH METHODOLOGY

This study adopts the survey research design. Owing to the nature of the study, total enumeration technique was used to constitute all the 120 field workers in all the Agencies' offices as both the total population and sample. These were the State Action Committee on AIDS (SACA), the Local Action Committee on AIDS (LACA), and Ward Action Committee on AIDS (WACA) in the North Central States comprising Kwara, Niger, Kogi, Plateau, Benue and Nassarawa, as well as the Federal Capital Territory, Abuja. The breakdown of the study population and sample size are as indicated in Table 1.

Table 1: Study Population and Sample

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, 2013

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

The Access and Use of Information Questionnaire (AUIQ) was used as the principal instrument for data collection. It has four sections, namely: Section A dealt with the Bio-Data with questions on respondents' demography; Section B focussed on the questions on the types of sources of information available for the control of HIV/AIDS by the Agencies; Section C was on the availability of information needed by the Agencies; and Section D dealt with the accessibility to, and utilization of information by the Agencies. The reliability of the instrument was established by conducting a pilot study within one week using the field officers at SACA office Ibadan, Oyo State. 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 $r=0.92$, indicating the strength of instrument's reliability. The study employed some research assistants, to administer the questionnaire on the respondents within a period of three weeks with an additional two weeks for the completion of the questionnaire. Data analysis was done using the descriptive statistics of simple percentages, frequency tables and bar charts.

DATA ANALYSIS

Response Rate

The response rate of the respondents in the six state agencies is as shown in Table 2.

Table 2: Response Rate of Respondents among the State Agencies

State Agencies	No. of Questionnaire Distributed	No. of Questionnaire Returned
Benue	17	17
FCT	18	16
Kogi	17	16
Kwara	17	16
Nassarawa	17	16
Niger	17	16
Plateau	17	16
Total	120	113 (94.2)

Table 2 showed that from a total of 120 copies of the questionnaire administered, 113 copies (94.2%) were returned and found usable for the data analysis. 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.

Demographic Characteristics of the Respondents

The demographic features of the respondents are as presented in Table 3.

Table 3: Demographical Distribution of Respondents

Gender	Frequency	Percentage
Male	56	49.6
Female	57	50.4
Total	113	100
Educational Qualification	Frequency	Percentage
'O' Level	4	3.5
OND	38	33.6
HND	35	31.1
Bachelor's Degree	24	21.2
Master's Degree	12	10.6
Total	113	100
Years of Experience	Frequency	Percentage
0-10	65	57.5
11-20	35	31.0
21-30	12	10.6
Above 31	1	0.9
Total	113	100

The breakdown of gender distribution of the respondents indicated 50.4% female and 49.6% male; a near-equal representation of both sexes, otherwise referred to as gender

balance. On their educational qualifications, the spread indicated that the majority are well-educated, which will enhance their assignment of seeking available information, accessing and utilizing same for the HIV/AIDS control. The data showed a good mix of their years of experience. Various information sources and needs of the six agencies for the control of HIV/AIDS are represented in Table 4.

Table 4: Sources of Information 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%)

N=113

From the table, the principal sources of information available to the respondents were medical centres, Ministries of Health, NACA, SACA, NGOs and FBO’s Offices, Meetings of Stakeholders as well as Workshops, Seminars and Conferences. Journals, Books and Newspapers, Agency Bulletins/Posters, Libraries and Information Centres and Radio and Television, came in that order, as the remaining sources of information to the agencies.

Fig. 1: Information Needs of the Agencies

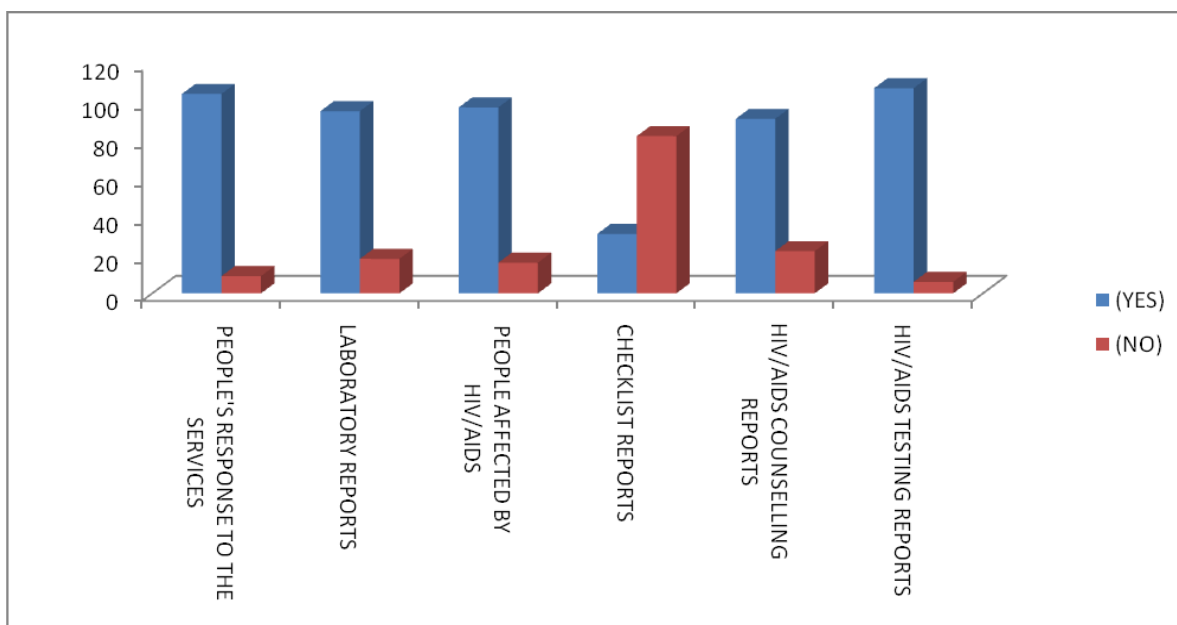


Figure 1 provided the range of information needs of the agencies critical to the utilization of information for the control of HIV/AIDS. Most prominent were HIV/AIDS Testing Reports, People's response to the services, People affected by HIV/AIDS, Laboratory Reports and HIV/AIDS Counselling reports. However, the Checklist reports were not found to be as important as the above listed information needed by the agencies. An analysis on the availability of needed information to the agencies is contained in Table 6.

Table 5: Availability of Needed Information to the Agencies

Information Availability	VRA (%)	RA	A	RA	UNDECIDED
HIV/AIDS counselling reports	30(26.5%) 20(17.7%)	43 (38.1%) 45(39.8%)	39(34.5%) 47(41.6%)	- -	1(0.9%) 1(0.9%)
HIV/AIDS testing reports	16(14.2%) 14(12.4%)	7(6.2%) 10(8.8%)	68(60.2%) 66(58.4%)	3(2.7%) 1(0.9%)	19(16.7%) 22(19.5%)
People's response to the service	14(12.4%) 8(7.1%)	52(46.0%) 10(8.8%)	36(31.9%) 11(9.7%)	8(7.0%) 4(3.6%)	3(2.7%) 80(70.8%)
People affected by HIV/AIDS					
Laboratory reports					
Checklist reports					

N=113

Table 5 locates each of the Agencies needed information within the context of their availability, which 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. The degree of relevance of information from the various sources is explained in Table 6.

Table 6: Degree of Relevance of Information from the various sources to the Agencies

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%)	2 (1.8%)	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 (2.6%)
Workshops, seminars and conferences	3(2.7%)			1 (0.8%)	19 (16.8%)
NACA,SACA, NGOs, and FBOs offices	21(18.6%)	28(24.8%)	62(54.9%)	1 (0.9%)	7 (6.2%)
Posters	1(0.9%)	80(70.8%)	4(3.5%)	-	22 (19.5%)
Journals	5(4.4%)	9(8.0%)	81(71.6%)	-	16 (14.2%)
Libraries and Inf. Centres	24(21.2%)	12(10.6%) 8(7.1%)	80(70.8%) 69(61.1%)	2 (1.8%)	10 (8.8%)

N=113

Table 6 showed that the information available at the Medical Health Centres was the *most relevant* and *relevant*, followed by that *available* in NACA, SACA, NGOs and FBOs offices. Also found *relevant* were those in Ministries of Health; *very relevant* and *relevant*. 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%); showing the less relevance of libraries and information centres in this regard.

Analysis of information sources accessible and the purposes for accessing and utilizing them for the control of HIV/AIDS is presented in Table 7.

Table 7: Information Sources Accessible to the Agencies

Accessibility	No of Respondents		No of Respondents	
	Yes	%	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	(31.9%)
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%)

N=113

The results in Table 7 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, Seminars, Conferences or Workshops, Bulletins and Posters. 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 to the Agencies.

Data on the purposes for which the Agencies constantly sought information, where comparing and contrasting the prevalent situations with other States as well as for taking decisions attracted 100% response. Also, 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. This pattern indicated that they accessed information mainly to fulfil their mandate of campaigning against the control of HIV/AIDS; their core mandate.

An explanation of the challenges by the agencies in accessing and utilizing needed information is as shown in Table 8.

Table 8: Challenges of Information Accessibility and Utilization by the Agencies

Challenges	No of Respondents		No of Respondents	
	Yes	%	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%)

Table 9 provided the wide-ranging challenges faced by the Agencies in accessing and utilizing needed information, the most prominent being inadequate funding, insufficient trained personnel, lack of government commitment, and over-dependence on donor support. Insufficient equipment/facilities and lack of political will and commitment from policy makers attracted 80.5% response each.

Discussion of the Findings

The result of the finding on the demographic characteristics 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. On the sources of information available to the agencies for the control of HIV/AIDS, the study revealed 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 Ashimi et al (2014) and Bii and Otikey (2003) who found that the most common sources of health information on HIV/AIDS was from the health personnel, friends, parents, relatives, religious organizations, print media, television and radio in that order.

Furthermore, the study revealed 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 Edewor (2010), who asserted that with the “recent introduction of Highly Active Antiretroviral Therapy (HAART) as well as better education and information for the management of the PLWHA in Nigeria, people infected with HIV live longer and are healthier even with CD4+Cell of less than 200/mm.” 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 hydra-headed demon is information.”

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.” Haruna and Oyelekan (2010), Onifade and Popoola (2015), citing Anyaogu (2014) affirmed that there exist a significant relationship between provision of relevant information resources and its effective utilization. Furthermore, Bello (2006) corroborated this by asserting that the value of any piece of information depends on its relevance and the time and place at which it is delivered.

Another major finding of this study is that internet, journals, seminars, conferences and workshops and bulletins were the common sources of health information on HIV/AIDS accessible by the agencies. This finding is in line with that of Grey Literature Network Service (2012) which asserted that “access to HIV/AIDS treatment fact sheets, pharmaceutical company brochures, newsletters and other grey literature could sometimes be difficult. Ibegwam, Ogunyade and Ajuwon (2013) in their study of two institutions also reported that limited access to some resources topped the list of inhibitions to their utilization. The finding of the study further distinguished between the purposes of accessing and those of utilizing information for the control of HIV/AIDS by the Agencies. This indicates the level of significance of purposes for utilizing information for the control of HIV/AIDS by the Agencies. However, ease of use, currency and awareness or knowledge of the availability of information resources are the most important factors for utilizing them as pointed out by Ojinamma (2013).

Conclusion and Recommendations

The study locates each of the Agencies’ needed information within the context of their availability, in which case HIV/AIDS Counselling reports, HIV/AIDS testing reports appeared to be readily available. However, people’s responses to the agencies services, laboratory reports, people affected by HIV/AIDS and Checklist reports were not found to be readily available. This implies 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. The study thus, 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, challenges faced by the agencies would continue to hinder the optimum realisation of their mandates. Therefore, the study recommended that:

1. The Agencies' Management should conduct regular and comprehensive studies on their Agencies' information needs; because the correct understanding of their needs allows for making available/ accessible these required information sources for the control efforts.
2. The Agencies should establish library and information centres in their State Offices; to facilitate a more systematic and professional information acquisition, processing, retrieving and utilization to further boost their success in realizing their mandates.
3. 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.
4. Libraries and information centres should be involved in collaborative activities with the Agencies 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.

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